

EMPLOYMENT HISTORY				
Please list your most current position first and work back.				
COMPANY NAME / ADDRESS	DATES OF EMPLOYMENT	POSITIONS HELD / DUTIES OF YOUR JOB	REASON FOR LEAVING (MUST BE COMPLETED)	
	FROM:			
	TO:			

May we contact for a reference? Yes / No	NAME APPEARING ON FORMER EMPLOYER'S RECORDS			
Telephone Number	_____			
	SUPERVISOR'S NAME			
COMPANY NAME / ADDRESS	DATES OF EMPLOYMENT	POSITIONS HELD / DUTIES OF YOUR JOB	REASON FOR LEAVING (MUST BE COMPLETED)	
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Telephone Number	_____			
	SUPERVISOR'S NAME			
EDUCATION				
IMPORTANT: Please submit an original official transcript for each academic institution attended. Transcripts must be received with the application, before the February 28th deadline.				
High School Attended and Location				Graduation Date
College/University Attended	Dates Attended	Hours	Graduation Date	Degree Earned
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If additional space is needed, please attach a separate sheet				
ENROLLMENT				
Please provide a letter from the school that you are going to be attending for secondary education. The letter must state that you are enrolled at the school and be on the school's letterhead				
Name of Institution	Address	Tuition – Semester/Year \$ _____ Term _____	Academic Fees – Semester/Year \$ _____ Term _____	
Name of Contact Person		Title of Contact Person	Telephone	
Academic Year Applied For	Student's Current Year in the Program	Program Start Date	Projected Graduation Date	

EDUCATIONAL OBJECTIVE

What certification or licensure will you be eligible for upon completion of this program?

How did you become interested in our Scholarship?

Why do you seek a scholarship from Ozarks Community Health Center?

Please state any other information that you believe would be helpful to the Scholarship Selection Committee (include extracurricular activities, hobbies, awards, honors, volunteer activities, etc).

REFERENCES

Please list three references.

FIRST NAME	LAST NAME	PHONE	RELATIONSHIP	COMPANY/PERSONAL

DECLARATION AND SIGNATURE

I hereby certify that the information provided in this document is true, accurate, and complete to the best of my knowledge.

YES, I agree

Printed Name: _____

Date: _____

Signature: _____