

EDUCATIONAL OBJECTIVE

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

How did you learn about our Scholarship?

Tell us why you believe you are a good candidate for an Ozarks Community Health Center scholarship?

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
FIRST NAME	LAST NAME	PHONE	RELATIONSHIP	COMPANY/PERSONAL
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: _____

* Please submit your most current resume to: OCHCHumanResources@ozarkschc.com*