



HEALTHPOINTESM

Employee College Scholarship Application

Personal Information

Applicant Name (First, Middle Initial, Last): _____

Personal Email Address: _____

Phone: _____

Job Title: _____

Manager Name: _____

Date of Hire: _____

Healthpointe Location: _____

Current Education

School Name: _____

School Address, City, State, Zip: _____

Currently Enrolled (Yes or No): _____

Current GPA: _____

Date of Enrollment: _____

Expected Graduation Date: _____

Degree Sought: _____

Are You a Full Time Student? (Yes or No): _____

Please attach an electronic copy of your academic transcript with your application.

Please list any honors or awards you have received, leadership experience, and/or volunteer history (along with contact information of organization), and any other relevant information:

All of the information on this scholarship application is true and complete to the best of my knowledge. I understand that the information provided will be used to determine scholarship eligibility and award. I agree to provide requested documentation verifying any information on this application.

Signature of applicant: _____

Date: _____

Clear

E-mail

Print