

## LEISURE HOMESTEAD HEALTH CARE SCHOLARSHIP

The amount of this scholarship is \$500 and is open to a senior boy or girl currently attending St. John High School, and who will be pursuing a health-related career. One-half will be paid per semester upon proof of enrollment. This scholarship is not renewable.

- 1 Applicant's Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
- 2 Applicant's Address: \_\_\_\_\_
- 3 Applicant's birthdate: \_\_\_\_\_
- 4 High School GPA (end of 7th semester): \_\_\_\_\_
- 5 Field of Major Interest: \_\_\_\_\_
- 6 What College do you plan to attend: \_\_\_\_\_
- 7 Describe briefly why you are applying for this scholarship?  
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\_\_\_\_\_  
\_\_\_\_\_
- 8 Please state your educational goals in short essay form. This should include your choice of field and how college will equip you to enter that field.  
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