

FHCC SCHOLARSHIP
SCHOLARSHIP CRITERIA

APPLICANTS MUST:

- a. BE IN THE TOP 25% OF THEIR CLASS.
- b. BE ACCEPTED TO A COLLEGE AND BE PLANNING A CAREER IN THE HEALTH FIELD.
- c. ATTEND ENTIRE SENIOR YEAR AT POTOSI HIGH SCHOOL.
- d. BE ACTIVE MEMBER OF THE FHCC JUNIOR OR SENIOR YEAR.

F.H.C.C. Scholarship Application

Name _____ Date _____

Address _____

Personal Data:

Birthdate _____
one)

Gross Annual Income (check

Number in family _____

\$ 0 to \$15,000 _____

Parent/Guardian _____

\$15,001 to \$ 25,000 _____

Address _____

\$25,001 to \$40,000 _____

Above \$40,000 _____

Educational Data:

Class Rank _____ of _____

Grade Point Average _____

Total number of days absent during senior year _____

Name and address of college or university to which you have been accepted

Health career Field planning to enter:

Please list any other information which you feel is pertinent:
