

Henry County Hospital, Inc.

**2025**

**Healthcare Scholarship Application**

(Must be completed & returned prior to April 18, 2025)

Henry County Hospital encourages the pursuit of careers in healthcare. Henry County Hospital will award scholarships to four graduating seniors who reside in Henry County, attend a post-secondary educational academic institution (does not have to be a four-year institution), and plan to pursue a career in the healthcare field.

For 2025, Henry County Hospital plans to award a $1,000 scholarship to a student who will be pursuing a career in the healthcare field from each High School in Henry County:

* Holgate High School – Henry County Hospital Healthcare Scholarship
* Liberty Center High School – Henry County Hospital Healthcare Scholarship
* Napoleon High School – Henry County Hospital Healthcare Scholarship
* Patrick Henry High School – Henry County Hospital John Wilhelm Healthcare Scholarship

To be considered the student must complete and include the following:

* A letter of acceptance from the applicant’s college of choice
* Applicant’s official High School Transcript (signed by counselor or principal), showing a cumulative 2.5 GPA or higher
* Two letters of recommendation from a teacher/guidance counselor/coach which includes the following information: A description of the student’s abilities in academics, leadership, perseverance and any other areas in which they have excelled.
* Resume or summary of applicant’s school and non-school activities and/or work experience
1. Include the non-school activities you’ve participated in; years of membership, offices held, and outstanding activities in which you have participated as a leader.2. Include the school activities you’ve participated in; years participated, and the offices held throughout your high school career (athletics, debate, drama, music, etc.)3. Include all other activities and/or employment history that describe your past achievements.
* Applicant’s personal essay that addresses and answers: **Why have you chosen a health-related career?**

**Application and required documents must be submitted and received by April 18, 2025.**  **All the above documents must be included or the application will not be considered.**

Winners will be selected by May 16, 2025. Payment will be given directly to the student.



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**2025**

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(Must be completed & returned prior to April 18, 2025)

**Applicant Information**

**(Must be typed)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University you plan to attend:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give Henry County Hospital the right to make a thorough investigation of information included in this application. I agree to cooperate in this investigation and release from liability all persons, companies, or corporations supplying such information. I understand that by accepting this scholarship, if offered to me, I will agree to successfully complete the first year of college as a full-time student. If this requirement is not met, I will notify the Director, Development at Henry County Hospital and make arrangements for the scholarship to be repaid within one year. I also agree to be available to come to Henry County Hospital to receive the award.

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Student Signature Date

Return all requested material by April 18, 2025 to:

Michelle Rychener

Director, Development

Henry County Hospital

1600 East Riverview Avenue

Napoleon, Oh 43545