



Schliemann Scholarship Application

Baxter Regional Medical Center

Deadline for Application: Friday, February 21, 2020; 4:00 p.m.

Students: Please print. If more room is needed, use additional pages. **IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, A PERSONAL LETTER OF RECOMMENDATION MUST BE INCLUDED BY A TEACHER, COUNSELOR, OR ADMINISTRATOR.** All applications will need to be submitted via school counselor. Thank you and good luck!

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

High School: _____ Graduation Year: _____

School Counselor: _____

Parent / Guardian Contact Information

Parent / Guardian Name: _____

Home Phone: _____ Cell Phone: _____

What are your plans for education after high school graduation?

(Be specific. What college do you plan on attending? What area of study do you plan to pursue, etc.)

Do you plan on enrolling in a technical program through ASUMH? Yes__ No __ If Yes, what is the area of interest are you choosing?

Do you plan on enrolling in the CNA or Phlebotomy program at ASUMH? Yes__ No __

Schliemann Scholarship Application (continued)

Please list all volunteer and work experience:

What are your biggest challenges in pursuing college?

Tell us why you should be considered for this scholarship:

List the school organizations in which you are involved:

Signature

Date

As a reminder, in order for your application to be considered, a personal letter of recommendation must be included by a teacher, counselor, or administrator.

Application and a letter of recommendation can be e-mailed to: sisham@baxterregional.org or mailed to:
Schliemann Center for Women's Health Education
624 Hospital Drive Mountain Home, AR 72653
For more information, call Stefany Isham at (870) 508-2345 Monday-Friday, 9 a.m. - 4 p.m.

Deadline for application: Friday, February 21, 2020 at 4 p.m. Must be postmarked by this date and time. All applications will need to be submitted via school counselor.