

**Harrison County Hospital Foundation**  
**\$1,000 Scholarship Application**  
**2023**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Must be a resident of Harrison or Crawford County, IN or Meade County, KY.)

Phone \_\_\_\_\_ Parent /Guardian \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_  
(Must be within last five years)

High School Diploma Type    *Honors* \_\_\_\_\_    *Core* \_\_\_\_\_    *Regular* \_\_\_\_\_    *GED* \_\_\_\_\_

Cumulative GPA        weighted \_\_\_\_\_        non-weighted \_\_\_\_\_

SAT score    *Reading* \_\_\_\_\_    *Math* \_\_\_\_\_    *Writing* \_\_\_\_\_    *Composite* \_\_\_\_\_

ACT score    *Reading* \_\_\_\_\_    *Math* \_\_\_\_\_    *English* \_\_\_\_\_    *Science* \_\_\_\_\_    *Composite* \_\_\_\_\_

College/University you plan to attend \_\_\_\_\_

Major area of study \_\_\_\_\_

List any grants or scholarships that you have been awarded for the upcoming school year.

\_\_\_\_\_

\_\_\_\_\_

Please attach the following:

- A letter of intent describing your personal career goals and why you decided on a hospital/medical/healthcare related career.
- A list of extracurricular activities and interests.
- A transcript of grades from your high school/college, including SAT and/or ACT scores.
- A letter of recommendation from your high school guidance counselor or college/university advisor.
- A verification of acceptance to a college/university.

Mail application to:        HCH Foundation Scholarship Committee  
   1141 Hospital Drive NW  
   Corydon, Indiana 47112

**Application must be received by April 1, 2023.**

The recipient will be notified of the award and scholarship payment will be made directly to the student upon proof of registration from the school.

**Additional scholarship opportunities are available for Harrison  
County residents who attend IU Southeast and Ivy Tech  
For application information, contact the  
IU Southeast and Ivy Tech Financial Aid Offices.**