



## Excellence in Education Scholarship Application

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

High school: \_\_\_\_\_ G.P.A.: \_\_\_\_\_ Graduation date: \_\_\_\_\_

List any extracurricular activities you participated in or any special interests you had during high school:

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Intended University, College or Trade School: \_\_\_\_\_

Intended Major: \_\_\_\_\_

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

The scholarship will be sent directly to the school of your choice. We will contact the winner of the scholarship to verify admission and remittance address for payment.

### To apply:

1. Complete the upper portion of this form.
2. Attach a one page essay on your goals and aspirations for education and career. Include why you think the medical field is an interesting and/or worthwhile choice.
3. Attach a letter of reference from either a teacher or employer.
4. Attach an official school transcript.
5. Submit your entire application no later than **5:00pm on April 30, 2014**

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