

# CHI Oakes Hospital Educational Gift

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Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(including city and zip code)

Parents' Name(s) \_\_\_\_\_

Expected Field of Study \_\_\_\_\_

School you plan to attend \_\_\_\_\_

Address \_\_\_\_\_

Type of Certificate/Degree expected at completion \_\_\_\_\_

Current GPA \_\_\_\_\_

## **Scholastic**

Achievements/Honors/Awards \_\_\_\_\_

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## **School**

Activities/Leadership/Awards \_\_\_\_\_

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## **Community and Family**

Activities/Involvements \_\_\_\_\_

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## **Work/Volunteer**

Experience \_\_\_\_\_

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Goals and Aspirations (Attach a separate sheet of paper if necessary)

- 1) Explain why you believe you should be considered for this award and note any special circumstances that should be taken into consideration by the committee.

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- 2) Describe your interest in a career in rural healthcare, clearly outlining your objectives to achieve your goals.

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