

# THE KENNETH J. "KJ" GREEN HEALTH PROFESSIONS SCHOLARSHIP

## Application Form

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Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Graduating senior of a Greene County, Indiana public high school?                      Yes                      No

Specify high school:

Bloomfield                      Eastern                      Linton-Stockton                      Shakamak                      WRV

Anticipated graduation month, year: \_\_\_\_\_, \_\_\_\_\_

Interested in pursuing an education and career in a health profession?                      Yes                      No

Admitted into a university and/or program?                      Yes                      No                      Not Yet

### Character Reference 1

This reference *must* be a teacher who taught the applicant during high school.

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

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How the applicant knows the reference:

\_\_\_\_\_

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### Character Reference 2

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

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How the applicant knows the reference:

\_\_\_\_\_

### Character Reference 3

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

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How the applicant knows the reference:

\_\_\_\_\_