THE KENNETH J. "KJ" GREEN HEALTH PROFESSIONS SCHOLARSHIP

Application Form

Applicant Name:		
Phone Number:	Email Address:	
Graduating Senior at Bloomfield High School, Bloomfield, Indiana: ☐ Yes ☐ No		
Anticipated graduation month and	l year: ,	
Interested in pursuing an education	on/career in a Health Profession: ☐ Yes ☐ No	
Admitted into a university and/or program: ☐ Yes ☐ No ☐ Not Yet		
Character Reference 1 This reference <i>must</i> be a teacher who has taught the applicant during high school. Name:		
Job Title:		
Employer:		
Phone Number:	Email Address:	
How the applicant knows the reference:		

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Application Form

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:	