



KAHPA Healthcare Career Scholarship 2010 High School Student Application

Personal Information:

Name:

Address:

Date of Birth:

Educational Information:

Name of High School:

Year of Graduation:

Class Rank:

Class Size:

Honors and Awards:

College Matriculation:

Community Service:

Please list high school activities that reflect your commitment to a career in healthcare. Include a description of the activity, the number of hours per week you participated in this activity, and your specific responsibilities.

Personal Statement:

Please write a statement (<1000 words) that explains why you are interested in pursuing a healthcare career.