

Graham S. McConnell Memorial Scholarship Application Form

Current Ferry County Hospital District Employees Application Form

Personal Information:

Application Date _____

Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip _____ County: _____

Telephone: _____ E-mail: _____

Date of Birth: _____ Social Security Number _____

Education Information:

High School: _____ Graduation date: _____

Post High School Degrees and/or Accreditations: _____

If employed, where and what is your current position? _____

Is the class (es) or certification a requirement of your current job? (Yes / No)

What is the full cost of the education requirement or selection? _____

On the back of this paper or on a separate attached page answer the following:

1. List the class(es) you intend to take this year? Give name of provider and dates of classes.
2. Explain how the class (es) you have chosen will meet your education requirements or goals?
3. If this is a new accreditation, what will the benefit of new accreditation be to you and the community?
4. What are your long term goals in your profession?