



2016 Harvey L. Hall/Hall Ambulance Service, Inc. Medical Scholarship Application

Scholarship Deadline: April 29, 2016

SCHOLARSHIP CRITERIA

Must be a resident of Kern County and planning on attending either a Junior College or State University in 2016-2017.

- Minimum qualifying grade-point average is 3.00 for a \$250 scholarship.
- Students must be planning to enroll as a first year, full-time student at an accredited college or university in a medical field major; ie., paramedic, EMT, nurse, physician, dentist, hygienist, ect.
- Complete the attached scholarship application **and** include a **typed** statement of 300 words as follows:
 1. Indicate your educational plans and career goals;
 2. Include need for scholarship assistance and any special circumstances;
 3. Sign and date your statement.
- Applications can be completed then printed from our website at www.hallamb.com. The application is available February-April each year.
- Provide two academic recommendations and one community recommendation. Recommendations should be typewritten and returned with your application in a confidential, sealed envelope.
- Provide a copy of your high school transcripts.
- Include a current original headshot photograph of yourself.
- Submit all information to: **Hall Ambulance Service, Inc.**
Medical Scholarship Committee
1001 21st St.
Bakersfield, CA 93301

Note: If mailed, it must be postmarked no later than April 29, 2016.

If you have any questions on the qualifications, please contact Heather Pruitt at (661) 716-4279 or pruitth@hallamb.com



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Note: Application must be completely filled out and typewritten.

Last Name: First Name: MI:

Address: City: State: Zip:

Phone #

Birth Date: Age: Male: Female:

High School: GPA:

Date of Graduation:

High School Counselor:

Major: Career Goal:

College or University you will attend in fall 2016:

Indicate below your school activities, including club memberships, offices held, awards, honors, sports and/or recognition you have received.

Indicate below your community involvement, including civic organizations, church, clubs, volunteer work, etc.

I am including the following **confidential** recommendations in support of my application:

Teacher:

Teacher:

Community Member:

As a scholarship applicant, I hereby release information contained on this application as well as my academic transcripts to the Hall Ambulance Medical Scholarship Committee. Additionally, I waive my right to access and review confidential recommendation acquired for purposes of determining and granting this scholarship. I understand that scholarships may be denied if any information reported on this application is found to be intentionally misleading or inaccurate.

Signature of Applicant

Date