

**2019 Harvey L. Hall/Hall Ambulance Service, Inc.
Medical Scholarship Application**

Scholarship Deadline: April 12, 2019

SCHOLARSHIP CRITERIA

Must be a resident of Kern County and planning on attending either a Junior College or State University in 2019-2020.

- 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, etc.
- 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.
- 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 12, 2019

If you have any questions on the qualifications, please contact Heather Pruitt at (661) 322-1625 or pruith@hallamb.com

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Note: *Application must be completely filled out.*

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 2019: _____

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