

Hancock Regional Hospital Foundation
School of Radiologic Technology Scholarship for
Mt. Vernon High School Graduates Application

Name: _____ Date of Application: _____

Address: _____

Phone (day): _____ (evening): _____

E-mail: _____

Please submit the following documents with your completed application:

- A personal Letter of Introduction that highlights your academic achievements, community and/or extra curricular activities and career goals
- Two Letters of Reference from persons not related to you. One must be from an academic, volunteer or work instructor/ supervisor
- Proof of graduation from Mt. Vernon High School

I certify that all information included in this application is true. Any falsification of information or failure to attend the program as described in this application will require full refund of any awarded scholarship monies.

Applicant Signature: _____ Date: _____

Application Deadline: **May 15, 2016 - 4 PM.** Completed application and all accompanying documentation must be received by specified date/time in order to be considered.

Hancock Regional Hospital Foundation
801 North State Street
Greenfield, IN 46140
(317) 468-4106