



2025 Diversity Healthcare Career Scholarship Application

Name: _____

Phone Number: _____

Address: _____

City/State/Zip Code: _____

E-mail Address: _____

Area of Healthcare Study: _____

Name of School Attending: _____

Address: _____

City/State/Zip Code: _____

Anticipated Graduation Date: _____

Minority student's race/ethnic identification (see definitions in program description document):

_____ **African American /Black**

_____ **Asian American**

_____ **Hispanic American**

_____ **Native American**

_____ **Two or More races/ethnicities noted above**

Student Signature: _____

Parent Signature: _____

(if under 18)

Mail application, essay, and evidence of current GPA of 3.0 or better to **FHN Human Resources** 1045 W. Stephenson St. Freeport, IL 61032 or email to recruitment@fhn.org. Submissions must be received by **September 5, 2025**. Finalists will be notified and scheduled for interviews during October-November. Student selected to receive the scholarship shall be responsible for all tax consequences arising from the scholarship.