



## *2025 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:** \_\_\_\_\_

**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](mailto:recruitment@fhn.org). Submissions must be received by **September 5, 2025**. Finalists will be notified and scheduled for interviews during October-November. Student(s) selected to receive the scholarship shall be responsible for all tax consequences arising from the scholarship