Copper Rock Healthcare

Memorial Scholarship Fund

The Copper Rock Healthcare memorial scholarship will be awarded to a senior graduating from the Rogersville or Sparta High School.

The student must be college bound and planning to enter a healthcare related field or a child of a current employee of Copper Rock Healthcare.

The Scholarship is $500 to be paid to the student's college of choice.

Selections will be made by a committee and will be based upon the following criterion:

1. The applicant's choice for his/her field of interest.
2. Financial need.
3. GPA of 2.5 or above over-all.

Interested applicants should complete the following application and return it to the Administrator of Copper Rock Healthcare by April 15th for a decision to be made by May 1st. Determination of the winner will be made before the end of the school year. The school will be notified of the name of the winner and it will be announced at graduation.

The winning student is to notify CRH of enrollment in the college of his/her choice and to provide address of the institution to receive the scholarship money.

Mail the completed application by April 15th, to

Copper Rock Healthcare
Attn: Scholarship Committee
712 Copper Rock Drive
Rogersville, MO. 65742

For more information, call 417-202-4606.

Copper Rock Healthcare Scholarship Application

I. Personal Information

Student's Name: _____

Address: _____

City: _____ State: MO Zip: _____

Telephone: _____ SS#: _____

Parent's Name(s): _____

Father's Occupation: _____ Mother's Occupation: _____

II. College Entrance Exam Score (ACT or SAT) _____
Note: Please circle the type of examination taken.

III. Student's cumulative high school grade point average _____
(GPA) excluding spring semester of senior year.

IV. Financial Need – Please indicate your family's gross income form last year's taxes.

___ Under $15,000

___$15,000 to $20,000

___$20,000 to $25,000

___$25,000 to $30,000

___$30,000 to $35,000

___$35,000 to $50,000

___Over $50,000

Total number of family members living at home: _____
Other financial considerations which need to be noted: _____
_____

V. Extracurricular Activities – Organizations and Clubs. Show activities participated in, office held, sports, scholastic competitions, band, choir, clubs, drama, speech, debate, etc.

_____
_____
_____
_____
_____

(If you need more room, please feel free to attach a sheet)

VI. Honors and Awards:

_____
_____
_____
_____
_____

(If you need more room, please feel free to attach a sheet)

VII. Community or other activities: include church activities, girl scouts, farm clubs, youth groups, volunteer work, other community volunteer opportunities

_____
_____
_____
_____
_____

(If you need more room, please feel free to attach a sheet)

VIII. Work activities: Are you employed? ___Yes ___No
If yes, what type of work and how many hours per week?

_____
_____

IV. Please describe in 75 words or less in your own words and handwriting, why you want to be a recipient of the Copper Rock Healthcare Scholarship. Also, include the course of study of major field of interest you plan to follow, your proposed occupations or profession, and any other abilities you have that were not previously mentioned in this form.