



3005 F Ave NW | Cedar Rapids, Iowa 52405
www.ViewsofCedarRapids.com | 319-294-9669

Future Hero Scholarship

APPLICATION

Application Information

Full name: _____
Last First M.I.

Address: _____
Street address Apt/Unit #

City State Zip Code

Phone: _____

Current Grade: _____ Expected Jefferson Graduation Year: _____

Email Address: _____

Anticipated Graduation Date from Jefferson: _____

Anticipated College to Attend: _____

Planned Area of Study in College: _____

Have you ever worked for this company? Yes No If yes, when? _____

Essay Questions

Please include a separate document with your answers to the following questions.

1. What is your motivation to pursue a career in healthcare?
2. Do you have an elderly person that has made an impact on your life? Please elaborate on the relationship and memories with said elder.

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:	_____	Date:	_____
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