## LEISURE HOMESTEAD HEALTH CARE SCHOLARSHIP

The amount of this scholarship is \$500 and is open to a senior boy or girl currently attending St. John High School, and who will be pursuing a health-related career. One-half will be paid per semester upon proof of enrollment. This scholarship is not renewable.

1	Applicant's Name:				
2	Applicant's Address:	First	Middle	Last	
3	Applicant's birthdate:				
4	High School GPA (end of	7th semester):			
5	Field of Major Interest:				
6	What College do you pla	n to attend:			
7	Describe briefly why you	are applying for this scholarship?			
8	Please state your educat	tional goals in short essay form. Thi	s should include your choice	e of field and how	

college will equip you to enter that field.