

# MHHC FOUNDATION

## IMPACT Awards Scholarship Application



APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Birthdate (mm/dd/yyyy)							
Continuing Education Scholarship Applicant?	YES <input type="checkbox"/>			NO <input type="checkbox"/>			
If you answered yes, please list previous award year(s) and amount(s):							
EDUCATION							
High School							
Planned graduation date?		Web Address					
Prospective/Present College							
Degree (If known)		Web Address					
Other (e.g. Certification Program)							
Degree		Web Address					
PARENT/GUARDIAN INFORMATION							
First, Last Name				Relationship			
Address				Phone			
Email:							
First, Last Name				Relationship			
Address				Phone			
Email:							
Do you have family member(s) who have worked or currently work for Morris Heights Health Center?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, please list date(s) of employment (mm/yy to mm/yy):							

**ACTIVITIES/AWARDS INFORMATION**

Please list any academic awards/recognition you received in High School:

Please list all extracurricular activities (e.g. social groups, cultural organizations, special interest groups), length of involvement/participation, and any leadership position you currently hold or have held in such groups:

Please list all community involvement and service –related activities and include length of service or number of hours:

Please list all sports/athletic programs, teams, clubs, you've participated in, length of membership/participation and any leadership position you currently hold or have held:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are factual and were completed to the best of my knowledge.

Signature

Date