

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)					
EDUCATION					
High School			Address		
Planned graduation date?					
Prospective College			Address		
Degree (If known)					
Other (e.g. Certification Program)			Address		
Degree					
PARENT/GUARDIAN INFORMATION					
First, Last Name			Relationship		
Address			Phone		
Email:					
First, Last Name			Relationship		
Address			Phone		
Email:					
Do you have family member(s) who has 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)					