

Application# _____

Status of Application

Employee _____

High School Student _____

Returning College _____

BATTLE MOUNTAIN GENERAL HOSPITAL SCHOLARSHIP APPLICATION

The deadline for submission of application is Wednesday, May 19, 2021, 5:00 P.M., including all supporting documentation.

LEGAL NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

BIRTH DATE _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

MALE _____ **FEMALE** _____ **U.S. CITIZEN? YES** _____ **NO** _____

If known, please calculate estimated amount of request. (Proof must be received for enrollment fees, books, etc. before scholarship is issued) _____

Proposed institution of study:

SCHOOL _____ **CITY/STATE** _____

PLANNED MAJOR FIELD OF STUDY _____

Please list any awards, scholarships, or grants that you have already received. (Use additional paper if necessary.)

The signatures below certify that all information given above is accurate and honestly presented.

Signature of Applicant

Signature of Parent or Guardian

Mail or hand deliver the completed application packet and supporting documentation in a sealed envelope to
ADMISSIONS OFFICE, Attention: Administrator – Jason Bleak, CEO, Battle Mountain General Hospital,
535 South Humboldt Street, Battle Mountain, NV 89820