



Pafford Medical Services

\$500 Healthcare Scholarship

SCHOLARSHIP SUBMISSIONS DUE: APRIL 7, 2023 AT 11:59 PM

Scholarship Application Form

Pafford Medical Services, Inc. is offering a \$500.00 Scholarship to a high school senior who has an interest in pursuing a career in healthcare.

Upon receipt of submissions, a committee comprised of healthcare professionals and leaders within the industry will select a deserving senior from each county in which Pafford services to receive this scholarship.

Date of Submission: _____ (DD/MM/YYYY)

High School Name: _____

County: _____

A) General Information:

1. Full Name (Last, First): _____
2. Date of Birth: _____ (DD/MM/YYYY) Age: _____
3. Are you the first to attend university in your family? Yes No:

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B) Contact Details:

Mailing Address:

City: _____ County: _____ State: _____

ZIP Code: _____ Email: _____

Mobile Phone Number: _____

C) University Selection Information:

Which University do you plan on attending?

University: _____

State: _____

D) ESSAY:

*Choose **one** of the below questions and describe your answer in an essay format, 1,000 words or less, and attach it to your application.*

- 1. Why are you choosing the Healthcare field?*
- 2. How has someone in Healthcare inspired you?*
- 3. What does community service mean to you, and what measures have you taken to impact your community?*

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Declaration

I, _____ hereby declare that the information furnished above is true and correct. If any information is falsified, all benefits awarded to me by the Pafford Medical Services, Inc. will be withdrawn, and legal action may be taken as necessary.

Signature of the Applicant

Date: _____

SCHOLARSHIP SUBMISSION REQUIREMENTS AND SUPPLEMENTAL INFORMATION:

- 1,000 words or less essay
- Application form
- Current High School Transcript
- At least 1 Letter of Recommendation from a Teacher, Community Member, Mentor, etc. (Non-Family Member)

Applications must be sent via USPS OR Electronic Submission.

Pafford Medical Services, Inc.
ATTN: Scholarship Program
3509 West 16th Street
Hope, Arkansas 71801

Applications may also be submitted electronically by scanning and emailing all corresponding documents to the Scholarship Committee at scholarship@paffordems.com.

*The applicant must show documentation of acceptance into the University they will be attending. Upon receipt of documentation, Pafford will issue a check to that University in the recipient's name for \$500.00.

If you have any questions regarding this scholarship or the application process, please email our Scholarship Committee at scholarship@paffordems.com.