

PORTAGE HEALTH AUXILIARY

Healthcare Scholarship Application

Name:	Birthdate:
Phone:	Email:
Primary Address	
Street: _____	
City/State/Zip: _____	
County: _____	
Current Address:	
Street: _____	
City/State/Zip: _____	
College Attending:	
Name: _____	
Street: _____	
City/State/Zip: _____	
Student ID:	Current GPA:
Major:	
High School Alma Mater:	
<input type="checkbox"/> I will have completed at least one year of higher education in the medical field by fall of current year.	
<input type="checkbox"/> I am a resident of Houghton, Keweenaw, Ontonagon or Baraga county.	
Signature:	Date: