



HSCTE SCHOLARSHIP PACKET TITLE PAGE

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Name of High School: _____

Name of School District: _____

Name of recommending HSCTE Member: _____

University, Community College, or Technical College You Are Planning to Attend:

1st Choice: _____ Location: _____

2nd Choice: _____ Location: _____

DIRECTIONS:

Complete this form as a title page and attach each of the following documents in order listed below. Please attach this with your other scholarship forms.

- HSCTE Scholarship Packet Title Page
- A Personal Statement telling the Selection Committee about yourself in 500-750 words.
- An **unofficial** Transcript.

- Two letters of recommendation, one from a Health Science teacher **who is a current HSCTE member**, and one from a school representative or a current or previous employer.

I certify that all information on this application and the attachments are true and accurate.

Student Signature: _____ Date: _____