**JUSTIN HILL MEMORIAL SCHOLARSHIP**

The Justin Hill Memorial Scholarship honors a graduating Eastern High School student who plans to pursue a degree in the medical field. The scholarship was created to honor Justin whom we lost to a motocross accident at the Meigs County Fair. Before passing, Justin was pursuing a physical therapy degree at Ohio University. It is our hope that this scholarship in Justin’s memory will help others achieve their goals and make a difference in their community.

The scholarship will be a one time award which the student may use towards books, tuition, and other educational expenses. The scholarship is limited to students who plan to seek a degree in the medical field. Students pursuing 2, 4 and 4+ year degrees are eligible to apply. The scholarship applications will be reviewed by members of the Eastern High School staff as well as a Justin Hill Memorial Scholarship Committee member. All scholarship applications must be submitted to Sheryl Roush, Guidance Counselor, by April 15th. The scholarship will be awarded at the school's Senior Awards Program. Thank you for your time . We look forward to reading all of your applications.

**IMPORTANT REMINDERS**:

* Due date: April 15rh
* This scholarship form requires a written essay.
* Submit a copy of your transcript with the application.
* Please print out your application, when finished submit it along with your essay and transcript to Mrs. Roush.

Jennifer Chadwell

Scholarship Chair

Email: [caldwelljennifer2012@gmail.com](mailto:caldwelljennifer2012@gmail.com)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_\_

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PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE OF INTEREST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF THE BUSINESS OF OFFICE OF THIS COLLEGE: (WHERE SHOULD WE SEND YOU MONEY IF YOU WIN THE SCHOLARSHIP):

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PLEASE LIST COURSEWORK YOU HAVE TAKEN TO PREPARE FOR PURSUING A DEGREE IN THE MEDICAL FIELD.

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PLEASE LIST YOUR EXTRA-CURRICULAR ACTIVITIES.

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PLEASE LIST ANY HONORS/AWARDS YOU HAVE RECEIVED FOR YOUR ACADEMIC ACHIEVEMENTS OR YOUR INVOLVEMENT IN THE ACTIVITIES LISTED ABOVE.

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PLEASE LIST YOUR WORK EXPERIENCE.

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STATE ANY SPECIAL/PERSONAL OR FAMILY CIRCUMSTANCES (IF ANY) AFFECTING YOU NEED FOR FINANCIAL ASSISTANCE.

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PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR SCHOLARSHIP APPLICATION.

1. A COPY OF YOUR TRANSCRIPT.
2. A TYPE RESPONSE TO THE FOLLOWING ESSAY PROMPT: **WHY HAVE YOU CHOSEN TO PURSUE A DEGREE IN THE MEDICAL FIELD AND HOW WILL YOU USE THIS DEGREE TO GIVE BACK TO YOUR COMMUNITY IN A POSITIVE WAY?** \*\*\* ALL ESSAYS SHOULD BE TYPED IN TIMES NEW ROMAN 12 PT FONT AND DOUBLE SPACED.

STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_