

2025 Adams Health Foundation Healthcare Scholarship Application



Name _____

Address _____

Email _____

Phone Number _____

High School ___ Adams Central ___ Belmont ___ Heritage ___ South Adams

GPA ___ (If GPA is under 3.0, please include a letter of support from a teacher)

Declared College Major, Trade, or Certification Being Pursued _____

4 Year College, 2 Year College, or Trade School Attending 2025-2026 _____

If you have not received your acceptance letters yet, where do you hope to attend? What is your second choice?

Are there any known barriers that could prevent you from attending your school of choice next year?

Why do you want to pursue a career in healthcare?

What positive impact do you want to make on the health of the community?

Please attach a high school resume with extra-curricular activities, awards, community memberships or activities completed to support your future goals in university or trade school. This could include learning skills from a mentor in the community.

Applicant Signature _____ Date _____

Please email Foundation Executive Director Kim Trombley with any questions about your application and to submit your application at: kim.trombley@adamshealthnetwork.org.

You may also mail your application to: AHN Foundation, 1100 Mercer Ave., Decatur, IN 46733