

BROAD TOP AREA MEDICAL CENTER, INC SCHOLARSHIP
2021-2022

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

TOWN/STATE/ZIP: _____

APPLICANT'S PHONE #: _____

GPA AVERAGE: _____

MEDICAL FIELD OF STUDY: _____

SCHOOL SPONSORED CLUB/EXTRACURRICULARACTIVITES:

LIST AWARDS FOR WHICH YOU HAVE APPLIED: _____

NAME OF HIGHER EDUCATION FACILITY: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

COMMUNITY/ACTIVITY VOLUNTEER INVOLVEMENT:

SIGNATURE OF APPLICANT: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE OF APPLICATION: _____

Please return all required information by APRIL 30, 2021 to Terry Heath, Broad Top Area Medical Center, Inc. 4133 Medical Center Drive, P.O. Box 127, Broad Top, PA 16621



BTAMC Inc.