



ELLWOOD CITY
—MEDICAL CENTER—

724 Pershing Street - Ellwood City, PA 16117-1499 - 724-752-0081 - Fax: 724-752-0966

Ellwood City Medical Center Scholarship program

Application Form

Name: _____

Current Address: _____

Current High School _____

Fall 2018: College _____

Major _____

Please add to this application the following:

1. A resume
2. Official copy school transcript
3. A 500-words essay describing your future goals and how this scholarship would be helpful to you
4. A proof of full time enrollment for Fall 2018