



Ozarks Healthcare Dependent Scholarship Application

Ozarks Healthcare will award a scholarship to high school seniors who will graduate in 2025 and are a dependent of an Ozarks Healthcare employee. Please complete the following application in its entirety and mail/email all correspondence to:

*Ozarks Healthcare
Attn.: Sammi Radosevich, Careers Pathway Coordinator
P.O. Box 1100
West Plains, MO 65775
s.radosevich@ozhcare.com*

Applications must be mailed to Ozarks Healthcare or email to Sammi Radosevich at the end of the day on April 1, 2025. (Contact information listed above)

Please attach your high school transcript with application

1. Name: _____

2. Mailing Address: _____

1. Student Phone Number: _____

2. Student Email Address: _____

3. Parent Name/s: _____

4. Parent's Job Title/Dept.: _____

5. Cumulative GPA: _____ Rank in Class: _____ / _____

6. High School Name: _____

7. High School Counselor: _____

8. Academic Honors/Awards: _____



9. Community/Volunteer/Extracurricular Activities/Membership Activities:

10. Do you have a parent/guardian currently employed by Ozarks Healthcare? If yes, please list his or her name and position:

11. List any previous employment history of your own:

12. Hobbies/Outside Activities: _____

13. Future Career Plans (check any that apply):

- Nurse
- Doctor
- Other healthcare position
- Other (list) _____

14. Which school do you plan to attend after graduation?

15. How will this scholarship assist you with your future career plans? _____

Signature

Date