



SCHOLARSHIP APPLICATION

Ketchikan Medical Center is offering 3 (three) \$1000 scholarships to **students that have a parent currently employed by Ketchikan Medical Center**. The student must be a senior in high school or a college student enrolling full time in an academic institution for the next school year.

Selection will be made based on academic merit (a minimum of **3.0** GPA), letters of recommendation, and potential based upon the applicant's stated and/or demonstrated interests.

Application deadline is April 18, 2026. Please submit your application to Ketchikan Medical Center Human Resources. Recipients will be notified beginning May 19, 2026.

Name _____

Last

First

Address _____

City

State

Zip Code

Telephone _____ Email _____

Name of Parent Employed by Ketchikan Medical Center _____

1. Attach an official most recent high school or college transcript.
 2. Attach a one- page essay describing your interests and career goals. Include your plan for reaching that career goal.
 3. Attach two (2) letters of recommendation from current teachers who have worked with you and can address your abilities and likelihood of success in the academic program you have selected. A letter of reference from a community member can be substituted for one of the letters.
- I agree that if I am selected for this scholarship, the academic institution may supply information regarding my academic performance to Ketchikan Medical Center.
 - I understand that this award may be taxable by the United States.
 - I certify that the information in this application is complete and accurate to the best of my knowledge, and I will notify the Scholarship Committee if there is any change.

Applicant Signature _____ Date _____

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