

**Blanchard Valley Health System Auxiliary
Health Related Studies Scholarship Application 2022**

Scholastic Record:

(To be completed by high school counselor)

Please attach high school transcript, signed by counselor or principal.

1. Class rank per # of students in Class _____ Cumulative GPA _____
2. ACT Composite _____ SAT _____
3. PSAT _____ (National percentile ranking)

Signed _____ Position _____

High School _____

High School Address _____

Guidance Counselor Name and Phone _____