



**PinnacleHealth Healthcare Industry Scholarship
For Rising Juniors and Seniors
Fall 2017 Semester
Application Deadline June 16, 2017**

Student Name: _____
(Last) (First) (M.I.)

Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Name of High School: _____

(Must be within 20 miles of Pinnacle Harrisburg Hospital located at 111 South Front Street, Harrisburg, PA 17101.)

State System University Attending: _____

Student ID Number: _____

Area of Study: _____

Academic Year for 2017 Fall Semester: _____

Number of Credits Completed: _____

Current Grade Point Average: _____ Full-time Student: Yes _____ No _____

(Minimum of 3.0 required. Include copy of academic transcript.)

Estimated Family Contribution from FAFSA: _____

I declare that the information provided herein is true and correct to the best of my knowledge. I give permission to release my name and photograph to the Scholarship Committee and to the State System Foundation for promotional purposes. I also agree to make every effort to attend the State System Foundation's annual Scholarship Donor Appreciation Luncheon.

Signature of Scholarship Applicant

Date

The application packet must include:

- Application
- Copy of your transcript

Completed packed must be post marked by June 16, 2017 and mailed to:

PA's State System Foundation
Attn: Eileen Showers
2986 N. 2nd Street
Harrisburg, PA 17110