

Application for College Scholarship (minimum of \$500)

This fund was established in 2016 to support an undergraduate education for a graduating senior who most exemplifies OrthoRehab's motto of "Reach Your Peak". The recipient will agree to attend their high school awards ceremony.

Name		Date of Birth	
Phone()	_		
Permanent Address			
City	State	Zip	
Educational Information			
Name of High School			
Graduation Date			
Cumulative GPA(to include 7th semester transcript		r transcript) Class Rank	of (please
List Academic Honors/Activitie	es in which you have p	participated, including an	y offices you have held

List Community Service Activities in which you have participated, while in High School:
Volunteer Participation
List Volunteer Activities in which you have participated while in High School:
Employment Background
Have you been employed while attending high school? If yes, where?

Community Service

Special Interests
Please attach a short, typed, essay (500 word maximum), explaining how this scholarship will help you "Reach Your Peak"
Application is due to your High School Career/Guidance office by no later than April 5, 2024 at 3:30pm
Kalispell North Kalispell East East Helena Great Falls Whitefish Columbia Falls Bigfork Libby Troy Dillon Eureka Townsend
www.orthorehab.com