



Broad Top Area Medical Center, Inc.

4133 Medical Center Drive P.O. Box 127

Broad Top, Pennsylvania 16621

Telephone: (814)635-2916

Fax: (814)635-2918

BROAD TOP AREA MEDICAL CENTER, INC. MEDICAL SCHOLARSHIP AWARD 2018-2019

*Trough Creek Family
Medical Center*
478 Seminary Road
Cassville, PA 16623
Telephone: (814) 448 9226
Fax (814) 448-2068

*Huntingdon Family
Care Center*
835 Washington Street
Huntingdon, PA 16652
Telephone (814) 506-8114
Fax (814) 506 8553

Primary Care Center
790 Bryan Street
Huntingdon, PA 16652
Telephone (814) 643 9300
Fax (814) 643-8299

Pediatric Care Center
1225 Warm Springs Avenue
Huntingdon, PA 16652
Telephone (814) 643 8574
Fax (814) 643-8659

Woman's Care Center
1225 Warm Springs Avenue
Huntingdon, PA 16652
Telephone (814) 643 8866
Fax (814) 643 8867

*Mount Union
Medical Center*
95 S Park Street
Mount Union, PA 17066
Telephone (814) 542-8627
Fax (814) 542 5444

We are proud to announce our Annual Medical Scholarship Award in the amount of \$500.00. This award is presented annually to the one graduating senior who has been accepted and enrolled in a course of study related to the health care field.

(Examples would be pre-med for medical or dental school, nursing school, or training for a career in radiology, laboratory ect.)

The Broad Top Area Medical Center, Inc. award of \$500.00 we be sent to the college of the recipient.

Qualifications:

1. Accumulative GPA of 90% or higher for four years.
2. Enrollment in medical field of study.
3. Community and school activity involvement.
4. Two letters of recommendation from non-family members.
5. Official high school transcript.
6. Provide proof of admittance to a school of higher education
7. Completed application signed with all attachments.

DEALINE: April 23, 2018

CONTACT PERSON: Terry Heath

Broad Top Medical Center, Inc
Executive Administrative Assistant
4133 Medical Center Drive
P.O. Box 127
Broad Top, PA 16621
Telephone: 814-635-7351 EXT: 1405
Email: theath@broadtopmedical.com

BROAD TOP AREA MEDICAL CENTER, INC SCHOLARSHIP
2018-2019

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

TOWN/STATE/ZIP: _____

APPLICANT'S PHONE#: _____

GPA AVERAGE: _____

MEDICAL FIELD OF STUDY: _____

SCHOOL SPONSORED CLUB/EXTRACURRICULAR ACTIVITIES:

LIST AWARDS FOR WHICH YOU HAVE APPLIED:

NAME OF HIGHER EDUCATION FACILITY: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

COMMUNITY/ACTIVITY VOLUNTEER INVOLVEMENT:

SIGNATURE OF APPLICANT: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE OF APPLICATION: _____

Please return all required information to your Guidance Office **NO LATER THAN APRIL 23, 2018.**