

Options HME Scholarship Application

Please fill out this application in its entirety. If you are not certain on your field of study or current GPA, put your last known or best guess.

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

High School You Graduated From _____

City _____ State _____ Zip _____

High School GPA _____

College You Intend to Use this Scholarship At _____

City _____ State _____ Zip _____

Anticipated Major _____

Email your **application, essay, and resume** to: jim.campbell@stairliftoptions.com.
Include "College Scholarship" in the subject line and attach all documents in PDF form.

-OR-

Mail your **application, essay, and resume** to:
Options HME
25 Shannon Ct.
Highland, IL 62249

*All submissions must be emailed or postmarked June 15th or sooner.