

CAPITAL REGION MEDICAL FOUNDATION
COMMON SCHOLARSHIP APPLICATION

SCHOLARSHIP APPLICATION

DEADLINE: MARCH 5, 2019

This application must be typed or printed in black ink.

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

EMAIL _____ DATE OF BIRTH _____

FATHER'S NAME _____ CELL NUMBER _____

FATHER'S EMPLOYER _____

MOTHER'S NAME _____ CELL NUMBER _____

MOTHER'S EMPLOYER _____

Where do you plan to attend college? _____

Have you been admitted? _____ Month/year you plan to enter _____

Probable college major _____

Career goal _____

ACTIVITIES

School & Leadership Positions

List significant school activities and offices held, letters earned, etc.

What paid work experiences have you had? _____

Community Activities

In what out-of-school (church, community, etc.) activities have you participated?

What are your hobbies?

Awards and Honors

What awards and honors have you received?

List other scholarships for which you have made application and/or received.

ESSAY

Compose a statement of not more than 200 words explaining your goals for the future and your professional ambitions. How will this scholarship help you to achieve your goals? Attach your essay to the back of this application.

List the names and ages of dependents as reported on federal income tax forms.

State any conditions or physical handicaps involving expenses or possible hardships which the selection committee should take into consideration.

Signature of Student

Signature of Parent

TO BE COMPLETED BY COUNSELOR:

Student's G.P.A. _____ ACT Composite Score _____

Please attach the student's transcript when returning this application.

Do you believe the educational plans of this student are realistic?

Counselor recommendation: _____

To the best of my knowledge, the statements made by the student on this scholarship application are correct.

Signature of Counselor

Date