

**HHS Medical Club Scholarship Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_

**Educational Data:**

Class Rank: \_\_\_\_\_ Combined SAT \_\_\_\_\_ Verbal \_\_\_\_\_ Math \_\_\_\_\_

Have you been granted any other scholarships? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please name: \_\_\_\_\_

**School Activities Awards/Honors Year**

\_\_\_\_\_

\_\_\_\_\_

**Extracurricular Activities Awards/Honors Year**

\_\_\_\_\_

\_\_\_\_\_

List three institutions to which you have applied (state whether you have been accepted):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Employment Information:**

**Employer Position Dates Hours per week**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please Attach a short essay (200 words or less) explaining your future goals in the field of medicine. (not hand written please)***