

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)