

# HHH MEDICAL STAFF

## Scholarship Application

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
EDUCATION										
High School					Graduation Date					
College					Years Completed					
College Address:										
SAT		GRE		MCAT		Current College GPA				
Other Degrees					Other Colleges Attended					
Military Service:										
REFERENCES										
<i>Please list three references.</i>										
Full Name					Relationship					
e-mail or contact number										
Full Name					Relationship					
e-mail or contact number										
Full Name					Relationship					
e-mail or contact number										
<p><b>Please type a short paragraph, no longer than 1/2 page, explaining what your course of study is and what your future plans are. Include any information that wasn't included above that you feel makes you're a good candidate. Submit the complete application to the medical staff president in care of the hospital no later than April 30<sup>th</sup>.</b></p>										