



High School

SCHOLARSHIP APPLICATION FOR MEDICALLY RELATED STUDIES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Career Goal: \_\_\_\_\_

College Choice: \_\_\_\_\_

Academic Record: Current GPA: \_\_\_\_\_ SAT Scores: \_\_\_\_\_

Describe and provide evidence of Community Service and/or Volunteer work you have done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Names:

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of Family Members in Home: \_\_\_\_\_

Are You Working While Attending College  Yes  No

Financial Need:  Low  Medium  High

**Volunteers Scholarship Committee  
Adventist Health Sonora  
1000 Greenley Road  
Sonora, CA 95370**

**DEADLINE: MARCH 4**