



CENTRAL MICHIGAN

Medical Staff Scholarship Fund
Application

Date of Application:

Please type or print your answer.

1.	Last Name:	First Name:
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number : ()	
4.	Date of Birth: Month Day Year	
5.	Current High School:	Year of Graduation:
6.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.	
7.	Have you taken the ACT exam? Yes No If no, when do you plan to take the exam: _____ If Yes Score: ____ SAT exam? Yes No If no, when do you plan to take the exam: _____ If Yes Score: ____	
8.	Name and city of other high schools attended:	Number of years attended:
9.	What specialty / major do you plan to major in as you continue your education?	
10.	List your academic honors, awards and membership activities while in high school:	

11.	List your community service activities, hobbies, outside interests and extracurricular activities:
12.	Personal Essay Please answer the following question: <i>Tell us about yourself, and how you may impact your community in the future.</i> This essay must be 1-2 pages, typed, double-spaced.
13.	A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. B. Your application will not be considered if these items are not attached to this application. (No Exceptions.)
	Completed application. All questions are answered completely.
	Letter of Recommendation from Guidance Counselor.
	Most recent official high school transcripts. Photocopies of your transcript are acceptable.
	Personal Essay.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the McLaren Central Michigan Medical Staff's scholarship program.

I hereby understand that if chosen as a scholarship recipient, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

Signature of applicant's guardian/parent: _____ Date: _____

APPLICATIONS ARE DUE BY NOVEMBER 1ST. PLEASE RETURN COMPLETED APPLICATION TO:

McLaren Central Michigan
Medical Staff Office
1221 South Drive
Mt Pleasant, MI 48858
E-Mail: missy.dorwin@mclaren.org
P: (989) 772-6821 F: (989) 953-5110