



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 <b>official</b> 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.	<b>Personal Essay</b> Please answer the following question: <b><i>Tell us about yourself, and how you may impact your community in the future.</i></b> 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.)
	<b>Completed application.</b> All questions are answered completely.
	<b>Letter of Recommendation from Guidance Counselor.</b>
	<b>Most recent official high school transcripts.</b> Photocopies of your transcript are acceptable.
	<b>Personal Essay.</b>

### STATEMENT OF ACCURACY

I hearby 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 hearby 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 APRIL 12, 2023. PLEASE RETURN COMPLETED APPLICATION TO:**

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