



CENTRAL MICHIGAN

Medical Staff Scholarship Fund  
Application

Date of Application:

Please type or print your answer.

|     |   |                           |
|-----|---|---------------------------|
| 1.  | Last Name:  | First Name:               |
| 2.  | Mailing Address:<br>Street: _____<br>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)<br>Attach proof of GPA. Your most recent <b>official</b> school transcript required.  |                           |
| 7.  | Have you taken the<br>ACT exam? Yes    No    If no, when do you plan to take the exam: _____ If Yes Score: ____<br>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><br>Please answer the following question:<br><b><i>Tell us about yourself, and how you may impact your community in the future.</i></b><br>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.<br>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 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 March 1, 2021. 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