



## 2020 \$1,500 SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

*If parent or guardian's address and/or telephone number is different from yours, please complete the section below.*

Address \_\_\_\_\_

Phone/Email \_\_\_\_\_

### EDUCATION HISTORY

Please list all schools you have attended beginning with the most recent.

Institution	City	State	From - To	Grad. Date

## FUTURE EDUCATION

Name of college or university you plan to attend:

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

When will you enroll? \_\_\_\_\_

What will your major be? \_\_\_\_\_

## ESSAY QUESTIONS

Please answer the following questions in essay style. Answer each question on a separate sheet of paper with the question stated at the top of each page. Limit your answers to 250 words or less for each question. Return essays along with this and the application form.

1. Explain what type of career in the medical field you are pursuing.
2. Explain why you are pursuing a career in the medical field.
3. Why do you feel you should receive a Tanner Clinic scholarship?
4. What are your top three goals for the future?

## LEADERSHIP AND SERVICE

On a separate sheet of paper, please list any leadership or service experience that you have had during the last four years.

## RECOMMENDATION FORMS

Please include two sealed recommendations from any of the following references: employers, teachers, civic or religious leader, etc. (no relatives please). Please use the Tanner Clinic recommendation form that is included with this application. It is the applicant's responsibility to ensure that these forms are received with the application.

## HIGH SCHOOL TRANSCRIPTS

Please include an official copy of your high school transcript. If it is the school's policy to mail transcripts separately, it is the applicant's responsibility to ensure that these transcripts are received with the application.

---

## CHECKLIST

Please staple all pages together in the following order and return to the counselor's office. It is your responsibility to ensure that each item is included. Incomplete application packets will not be considered. ***Application deadline is Thursday, APRIL 9, 2020.***

1. Scholarship Application Forms
2. Essay Questions - each question on a separate page
3. Leadership and Service
4. Two sealed letters of recommendation
5. High School Transcripts

# Tanner Clinic Scholarship Letter of Recommendation

**To the applicant:** Please fill out your name and give this form to a teacher, adviser, counselor, principal, employer, civic, or religious leader who is aware of your character.

Please ask your reference to return this completed form in a sealed envelope.

Applicant Name: \_\_\_\_\_

Please rank the applicant in the following areas:

	Outstanding	Excellent	Good	Average	Below Average	No Knowledge
1. Self-Motivation						
2. Responsibility						
3. Leadership						
4. Communication						
5. Citizenship						
6. Commitment						
7. Maturity						
8. Judgment						

What do you consider the applicant's strongest quality?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Position/Relation to Student: \_\_\_\_\_

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