

**YHS CLUB MED SCHOLARSHIP  
2022-2023**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last Name                      First Name

Home address: \_\_\_\_\_  
                                    Street                                      City

Number of people in your household \_\_\_\_\_ Birthday: \_\_\_\_\_

Club Member (check one): \_\_\_\_\_ Held an office? \_\_\_\_\_  
                                    2021-2022                      2022-2023                                      Name of office

Number of Club Med meetings that you have attended: \_\_\_\_\_

Current High School Grade Point Average \_\_\_\_\_

Please list the science and CATE courses that you have taken and are taking in high school:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the next page, please write a paragraph about your plans to have a career in the health field.

Also, write a second paragraph about why you should receive the Club Med Scholarship.

Please include your signature here: \_\_\_\_\_

