

Zachary Evankovich and Family Scholarship Application



NAME: This scholarship shall be named the “Zachary Evankovich and Family Scholarship.”

PURPOSE: The purpose of this scholarship shall be to provide recognition & financial assistance to an outstanding graduating senior enrolled or planning to enroll in a college or university and pursue a career in the medical field.

AMOUNT OF SCHOLARSHIP: The scholarship will be a one-time award; amount TBD each year. ***A check will be issued in the student's name on the evening of graduation.***

ELIGIBILITY: Consideration for this scholarship shall be given to all full-time undergraduate students:

- who are currently enrolled or planning to enroll in the medical field,
- who have achieved superior academic records or who manifest promise of outstanding academic success

CRITERIA:

1. To be considered, students should return a completed application to Guidance no later than **April 16, 2025**, at 2:30 PM.
2. You must include at least (1), but no more than (2) letters of recommendation along with the application. The letter of recommendation must be submitted by a teacher from the student's area of concentration, a non-related adult, an employer, a school administrator, or someone you feel can best judge your character.
3. The Guidance office will submit an official transcript, which will include: Cumulative QPA, Class rank, SAT scores, & Attendance records.
4. The scholarship recipient will be announced at graduation.

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Name (Last, First, Middle) _____

Social Security Number _____ Parents Telephone _____

Home Address

Attendance Record of Junior & Senior Years _____

School Activities (awards, sports, clubs, etc.) _____

Non-School Activities (jobs, honors, etc.) _____

Which post-secondary school have you been accepted & plan to attend?

What is your intended major? _____

Describe your intended post-secondary path:

Other scholarships received: _____

QPA _____ Class Rank _____ SAT Scores: Critical Reading _____ Math _____

Write a short essay on "*Why you chose a career in the medical field*" using the back of the application.

Signature of Applicant _____

Signature of Parent/Guardian _____

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