

Tom and Brenda Keller Health Professions Scholarship
Due back to your counselor by April 15

Applicant Name: _____

Applicant Address: _____

Cumulative GPA: _____ Class Rank: _____ Verified by Counselor: _____

Future Educational Plans: _____

What college do you plan to attend _____

How many other children in the household are currently in college: _____

List academic achievements: _____

List any extracurricular/sports; _____

List Community Service/Volunteering: _____

List any other scholarships/grants that you have received or will be receiving towards your future educational plans: _____
