

FAMILY PRACTICE CENTER SCIENCE SCHOLARSHIP APPLICATION

Name: _____ Age: _____ Telephone #: _____

Address: _____ City: _____

Parents' Names: _____

Father's Occupation: _____ Mother's Occupation: _____

Schools Attended: _____

Number in Graduating Class: _____ Rank in Graduating Class: _____ GPA: _____ SAT/ACT: _____

School Honors and Activities: _____

List the math and science courses you have taken during high school and the grades received:

MATH

SCIENCE

Course	Grade	Course	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For What Occupation will you prepare? _____

How long will your training for this profession require? _____

Approximately how much will this training cost? _____

What school do you plan to attend? _____

Have you applied for admission to this school? _____

Have you been accepted? _____

Why did you choose this school? _____

If the scholarship is granted to me, I promise to use it exclusively for the purpose of furthering my education. If I do not complete the course of study or one full year of college, I promise to repay the proportionate unused amount of the scholarship.

Applicant _____

Parent / Guardian _____