

# 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 \_\_\_\_\_