

**DESIGNATED HEALTHCARE CAREERS SCHOLARSHIP APPLICATION
FOR HIGH SCHOOL STUDENTS**

USE BLACK INK

Applicant's School: _____

NAME: _____

Last First Middle

ADDRESS: _____

Street City Zip

PHONE NUMBER: _____

U.S. Citizen Permanent Resident

Course of Study: *(please check one)*

<input type="checkbox"/> Clinical Lab Scientist	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Computed Tomography Technologist	<input type="checkbox"/> Physical Therapist Assistant
<input type="checkbox"/> Echo Technician	<input type="checkbox"/> Radiation Therapy Technologist
<input type="checkbox"/> Mammography Technologist	<input type="checkbox"/> Radiologic Technologist
<input type="checkbox"/> Nuclear Medicine Technologist	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Occupational Therapist Assistant	<input type="checkbox"/> Ultrasonographer
<input type="checkbox"/> Pharmacist	

Occupational Goal: _____

List College choices in order of preference:

	College Name	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____

Parents/Guardians with whom you live: (circle which)

Mother/Guardian: _____ Father/Guardian: _____

Place of Employment: _____ Place of Employment: _____

Job Title: _____ Job Title: _____

Number of dependents in your home (include yourself, but not your parents): _____

Ages of brothers and sisters: _____

Number of brothers/sisters in College: _____

To be Completed by Counseling Office:

SAT Scores: Math _____ Verbal _____ Written: _____ ACT Score: _____

Rank in Class: _____ Number in Class: _____ Grade Point Average: _____

Counselor's Signature: _____ Print Name: _____

In your opinion, will this student be successful in career goal? _____

1 – Highly Successful 2 – Successful 3 – Moderately Successful 4 – Not Successful

ACTIVITIES

NAME: _____

List activities and offices held in school and in the community. Include such involvement as athletics, student government, volunteer work, church, and paid employment.

School-Related Activities:

Circle years of participation

_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12

Community Activities:

_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12

Honors/Awards

_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12

Paid Employment (include place, type of work and period of employment)

_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12

