

The Polk Memorial Scholarship
SCHOLARSHIP APPLICATION FORM

Student's Name: _____ **Age:** _____

Address: _____

Parent's Name: _____

High School/College/Technical School currently attending

GPA _____

Classes taken to prepare for your career _____

Community involvement _____

Work experience _____

Post High School education institution you are enrolled in:

Type of Degree or Certification you plan to pursue:

Total Yearly Program Cost: _____

Indicate how you plan to finance your education: _____

Parents Support: _____ Student Savings: _____

Student Work: _____

Student Loan: _____ Student Grant: _____

Others (Indicate): _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Personal Statement:

Please write in paragraph form, using at least 300 words, on one or all of the following topics:

- Why have you chosen a career in a medical field?
- How have you prepared to enter a medical field?
- How would the medical profession be enhanced by your participation?
- Why are you the best candidate to receive this award?

RELEASE OF STUDENT RECORDS

From: _____

(Print student's name)

To: Guidance Office

(Name of School)

(School Address)

Please release my school records and activities including, but not limited to specific programs, grades, basic standards testing, graduation standards, class standing, attendance record, achievement, intelligence, aptitude, personality and interest test scores, health records and other comments and recommendations regarding myself. Send I.E.P. and psychological assessment if in special education.

Release to: Polk Memorial Scholarship Committee

Release will expire twelve (12) months from this date.

Dated: _____

(Signature of Student – if 18 years of age)

Dated: _____

(Signature of Parent – if student is a minor)