



MCHS High School Healthcare Scholarship Application

Please **type** or **print** your answers. If application is illegible, it will be discarded.

1.	Name:
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip Code: _____
3.	Name and city of high school attended:
4.	Grade Point Average (GPA): _____
5.	High school academic honors and awards:
6.	Extracurricular school activities including offices held:
7.	Extracurricular community and/or volunteer activities:
8.	List the college/technical college you have been accepted at and are attending in the Fall:
9.	Medical specialty/major do you plan to pursue:
8.	Attach a typed letter addressing the following: >Why did you choose this field of study? >What have you done to prepare yourself for this course of study? >Why do you feel you should be awarded this scholarship?