

High School

SCHOLARSHIP APPLICATION FOR MEDICALLY RELATED STUDIES

Name: _____ Date of Birth: _____

Mailing Address: _____

Residential Address: _____

Phone: _____ Cell: _____

E-Mail: _____

Career Goal: _____

College Choice: _____

Academic Record: Current GPA: _____ SAT Scores: _____

Describe and provide evidence of Community Service and/or Volunteer work you have done:

Parent/Guardian Names:

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Number of Family Members in Home: _____

Are You Working While Attending College ☐ Yes ☐ No

Financial Need: ☐ Low ☐ Medium ☐ High

Volunteers Scholarship Committee

Adventist Health Sonora

1000 Greenley Road

Sonora, CA 95370

DEADLINE: MARCH 4



Volunteer Services

1000 Greenley Road
Sonora, CA 95370
(209-536-500 ext. 4031