

Scholarship Application

TO: Hospital Auxiliary of the Los Alamos Medical Center, Inc.
Attn: Scholarship Chairman
3917 West Road
Los Alamos, NM 87544

Name _____
Last First Middle

Mailing Address _____
Street

_____ City/State/Zip

Telephone _____ Date of Birth _____ Citizenship _____

Father's Name _____

Address _____

Occupation _____ Employer _____

Mother's Name _____

Address _____

Occupation _____ Employer _____

Test Scores SAT: Crit. Read _____ Math _____ Mo/Yr Taken _____

ACT: Composite _____ Mo/Yr Taken _____

Please attach a resumé, including the following information:

1. Which field of the medical profession are you interested in pursuing?
2. Why are you interested in this type of career?
3. Which schools have accepted you, and which one do you plan to attend?
4. Los Alamos Hospital Auxiliary is a service organization. Have you given any volunteer service to the community?
5. What are your interests outside the classroom? (Sports, photography, music, etc.)
6. Submit a copy of midyear transcript with grade point average.

Signature

Date