



ASPIRUS VOLUNTEERS-MEDFORD
2023-2024 HEALTHCARE CAREER SCHOLARSHIP APPLICATION

Personal Information:

Applicant Name: High School:

Home address: Phone:

City/St/Zip: E-mail:

Please check all that apply: Aspirus Volunteer (official member) Volunteered at AMHC some point during high school

Child of an Aspirus employee Aspirus Mentorship student Participated in Club Scrub program

Academic Information:

College or Institution: Accepted?

Degree interest:

School Activities, Community Service, Leadership Involvement:

Organization / Position / Dates -

Form with 8 horizontal lines for listing school activities.

List non-school activities, including any jobs you have held: (list most recent first)

Activity or Employer / Position / Dates -

Form with 8 horizontal lines for listing non-school activities.

[Attachments should be limited to two pages, including references. Blind scoring method used.]

Please attach a short statement to address the following questions:

- 1) Your educational goals and career plans
2) How you plan to finance your education
3) What inspired you to chose a medical career.

References: Provide 1 letter of reference from a person (not related) who is familiar with your skills and abilities.

THIS SECTION TO BE COMPLETED BY THE HIGH SCHOOL GUIDANCE DEPARTMENT

Class rank / Academic Average:

Number of days absent: Grade 9 Grade 10 Grade 11 Grade 12

Counselor Signature / Date

Application due in-hand by:

March 8, 2024