

HUTCHINSON CLINIC

LOCAL SCHOLARSHIP APPLICATION

STUDENT NAME _____

ADDRESS _____

HOME PHONE _____

ANNUAL HOUSEHOLD INCOME _____

GPA _____

CLASS RANK _____

ACT SCORES: _____
English Math Reading Science Composite

HIGH SCHOOL _____ YEAR GRADUATED _____

PLAN TO ATTEND A _____ 2 YEAR COLLEGE _____ 4 YEAR COLLEGE

I PLAN TO ATTEND COLLEGE AT _____

We agree that the information provided on this form is correct. We give permission for the school to release information from this application and the student's transcript to the appropriate scholarship committee if requested.

Student's Signature

Date

Parent/Guardian Signature

Date

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Please attach the following:

- Scholastic resume
- Transcript
- Letter of recommendation from a faculty member
- Essay on your educational goals (100-150 words)
- Statement of financial need (25-50 words)
- Return all application materials to the Marketing Department at Hutchinson Clinic by March 15.
- APPLICATIONS WILL NOT BE CONSIDERED WITHOUT ALL REQUESTED ITEMS.**