



2023 Community Scholarship Application

Any questions regarding the application or process can be directed to Judy Rocha at 806 250-2754 or jrocha@parmermedicalcenter.com.

Please Print

Personal Data:

Name: _____, _____
Last First MI

Date of Birth ____/____/____ Phone: _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Parent/Guardian: _____

Parent/Guardian Phone: _____

High School: _____

Future Plans:

Institution of Higher Learning you will be attending: _____

City _____ State _____

Indicate the medical career chosen: _____

Financial Need Have you completed a FAFSA (Free Application for Federal Student Aid)?

Y N

If so, **email a copy of your SAR** (Student Aide Report); **cover page only – showing EFC Score.**

Email an essay as to why you chose this career and your future goals and plans. Include what has been the most significant influence in choosing your career. Limit 2 pages, typed.

Email a separate typed list of any scholastic awards, achievements, and activities for grades 9-12. Include any specific classes taken related to the medical profession, any experience and/or volunteer work in the medical field. Limit to two pages, typed.

Guidance Counselor Questionnaire It is your responsibility to advise your counselor that you are applying for this scholarship. They will complete the required form and email the hospital. The form must be completed and signed by the Guidance Counselor, not a teacher (unless the teacher is also the school Guidance Counselor).

Note: All forms, except for the guidance Counselor Questionnaire are to be submitted in one email – not separate emails.

Applicant Signature

Date

Parent/Guardian Signature

Date