

# HORTON MEDICAL AUXILIARY SCHOLARSHIP

**Applicant must be pursuing a career in the medical field.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Course of Study \_\_\_\_\_

Describe in your own words your vocational and professional plans for the future. (150 words or less)

State briefly why you feel you should be awarded this scholarship.

A.C.T. Scores (Seniors only) \_\_\_\_\_

G.P.A. \_\_\_\_\_

Do you plan on returning back to the community after receiving your degree?      Yes   or   No

I understand that any false information automatically disqualifies me from eligibility.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Application due by Mary 1st in the Horton High School Counselor's Office.