



**2022 MEDICAL SCHOLARSHIP APPLICATION FORM
VOLUNTEERS IN PARTNERSHIP WITH BELOIT HEALTH SYSTEM**

c/o Lindsay Baumann
1969 WEST HART ROAD
BELOIT, WISCONSIN 53511

1. Name _____ Phone _____
Street _____ City _____ State _____ Zip _____
Date of Birth _____ Age _____ Place of Birth _____
2. Father's Name _____ Occupation _____
Mother's Name _____ Occupation _____
3. High School Attending _____
Address _____ City _____ State _____
Year of Graduation _____ Ranking in Class _____
Work Experience _____
4. Please enclose one letter of recommendation, which is to be from a high school instructor, a counselor, or a principal.
5. Please have a transcript of your high school grades attached to this application.
6. To which school(s) have you applied? _____
Your anticipated Major _____
Have you been accepted? _____ School Name _____
7. Write a paragraph explaining how your extracurricular, community service and leadership experiences have helped prepare you for a medical career.

All material must be returned to the address at the top of the page no later than

April 1st, 2022 (4:00 PM)

Applications arriving after April 1st, 2022 will NOT be considered for a scholarship.

THANK YOU!