



**2023 MEDICAL SCHOLARSHIP APPLICATION FORM  
VOLUNTEERS IN PARTNERSHIP WITH BELOIT HEALTH SYSTEM**

c/o Michelle Penny  
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

**March 31<sup>st</sup>, 2023**

Applications arriving after March 31<sup>st</sup>, 2023 will NOT be considered for a scholarship.

**THANK YOU!**