



2024 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 _____
Email _____
Street _____ City _____ State _____ Zip _____
Date of Birth _____ Age _____
2. Parent or Guardian information
 - a. Name _____ Occupation/Employer _____
Phone _____
 - b. Name _____ Occupation/Employer _____
Phone _____
3. High School Attending _____
Address _____ City _____ State _____
Year of Graduation _____ Ranking in Class _____ ACT or SAT Score _____
Work Experience _____
Volunteer 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. Write a **paragraph explaining** how your extracurricular, community service and leadership experiences have helped prepare you for a medical career.
7. To which school(s) have you applied? _____
Your anticipated Major _____
Have you been accepted? _____ School Name _____

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

February 29th, 2024

Applications arriving after February 29th, 2024 will NOT be considered for a scholarship.

THANK YOU!