

*Rice Medical Center Employee Volunteers  
East Bernard High School  
Medical Scholarship*

*Name:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Telephone:* \_\_\_\_\_

*School Activities:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Community Activities:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Approximate GPA:* \_\_\_\_\_ *Approximate Class Rank:* \_\_\_\_\_

*Career Goal:* \_\_\_\_\_

\_\_\_\_\_

*Write an explanation of your future goals for the next 5  
years:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Scholarship requirements:*

*Attached letter of reference from a non-family member*

*Attached official transcript*

*2.5 or higher GPA on a 4.0 scale*

*Applicant must go into a medical field*

*Return Application to Counselor by April 1*