

Maudie Starbuck Health Careers Scholarship Form

Applicant's Name _____

Social Security Number _____

Telephone _____

Program _____

Home High School _____

Cumulative GPA: _____

School/Program to be attended this fall: _____

What are you studying and why?

Where do you hope to be in your career in five years?

If I am chosen as the recipient of this scholarship, I understand that the funds will be awarded only after I am enrolled in a post-secondary program. If I do not attend such program, the award will be given to an alternate winner.

Student Signature _____

Parent/Guardian Signature _____