

# CENTRAL TEXAS MEDICAL CENTER



## 2018 High School Scholarship Application

*This application must be completed in its entirety for consideration. Scholarships must be mailed to CTMC Foundation at P.O. Box 912, San Marcos, Texas 78667 and postmarked no later than **March 15, 2018**. Please call Jerilyn Miller, Director of Foundation & Development at 512.753.3687 or email [jerilyn.miller@ahss.org](mailto:jerilyn.miller@ahss.org) with any questions.*

Applicant name: \_\_\_\_\_ High school attending: \_\_\_\_\_

Address : \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_ Rank: \_\_\_\_\_

Annual family income: \$ \_\_\_\_\_ Number of family members in your household: \_\_\_\_\_

College planning to attend: \_\_\_\_\_ Proposed major: \_\_\_\_\_

Have you been accepted?  Yes  No If not, expected date of confirmation \_\_\_\_\_

Has a family member worked or volunteered for CTMC?

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

.....  
The following items **MUST BE ATTACHED** to your application for consideration:

- High School Transcript**
- One Letter of Recommendation**
- Essay** : In 500 words or less, please describe your most meaningful achievements and how they relate to your field of study and your future goals.

If student or student's family receive financial assistance, please attach:

- Proof of financial need** (reduced lunch receipt, financial aid form, etc.)
- .....

**Did you have a job while in High School? Please list:**

Business: \_\_\_\_\_ Job title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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Dates of Service: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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Dates of Service: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**What Clubs/Organizations/Community Service have you been involved with over the past four years?**

Club/Organization: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Role: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Club/Organization: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Role: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ Total Hours: \_\_\_\_\_

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Role: \_\_\_\_\_  
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***Questions or Concerns?***

***Please call Jerilyn Miller at 512.753.3687 or email [jerilyn.miller@ahss.org](mailto:jerilyn.miller@ahss.org).***