## Lamar County Medical Society Scholarship Application

## Qualifications:

- Graduating senior or previous graduate from a Lamar/Delta County high school or a current resident of Lamar/Delta County.
- Education targeted to a health care career.
- Based upon both financial need and academic performance.
- Deadline for applications is May 1<sup>st</sup>.

Please print or type all responses; do not leave blanks.

Name	Date
Address	
Phone Number	
Date of Birth	
Father (Guardian)	Address
Employer/Occupation	
Mother (Guardian)	Address
Employer/Occupation	
Parents' or Guardians Combined G	ross Annual Income (Circle one):
Below \$20,000 \$20,000 - \$40,000 \$40,000 - \$80,000 Over \$80,000	If yes, amount of Pell grant per semester:
Number of children in family	and ages
Number of children in college	
Do you plan on working during the	next academic year as well as going to school?
Have you ever been convicted or c	harged with a felony?

Name of high school	
High school GPA on a 4.0 scale	Class rank/Number in class
National Honor Society member?	Texas Scholar?
SAT Scores: Math Verba	l ACT Composite Score
For Graduating Seniors:	
Name of college planning on attending	
Accepted?Anticipated maj	jor:
For Previous Graduates:	
Name of school currently attending	
Current GPA	Completed hours
Previous schools attended with majors, GPA, a	
Scholarships:	
Name and amount of current, previous or anticipate	ed scholarships:
Previous Work Experience:	
High School/College Activities:	

Extracurricular Activities:	
Career Goals:	
Describe why feel you should be aw	varded the scholarship.:
	quirements for the Lamar County Medical Society Scholarshin. I certify that all of the information is accurate and true.
	Student's signature.
	Guardian signature (if student is under 18 years old).