

**Carilion Giles Community Hospital Medical Staff  
Scholarship Application**

**Student's Name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Final H.S. GPA:** \_\_\_\_\_

**Rank in Class:** \_\_\_\_\_

**SAT Score:** \_\_\_\_\_

**ACT Score:** \_\_\_\_\_

	<b>Occupation</b>	<b>Employer</b>	<b>Annual Income (optional)</b>
<b>Father or Guardian</b>			
<b>Mother or Guardian</b>			

**High School Activities** (Label each entry with grade level. Attach additional sheets if necessary.)

Clubs/Organizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offices/Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Athletics/Varsity Letters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church/Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work/Part-Time Jobs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leadership Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Colleges Applied and/or Accepted To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will you attend College? \_\_\_\_\_

What do you plan to study in college: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Would you be willing to be interviewed by the Scholarship Committee? ☐ Yes ☐ No

What are your ultimate career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other members of your family in college? ☐ Yes ☐ No

If Yes, which college? \_\_\_\_\_

**You must attach transcript/curriculum and short essay.** Why this scholarship would benefit you in pursuing a career in medicine and what person or event inspired you for choosing this career.