



MAYO CLINIC
HEALTH SYSTEM

Health Career Scholarship Application

Name: _____

High School Attending: _____ Expected Graduation Date: _____

High School GPA: _____ Class Rank: _____ of _____

College, University, or Vocational Program Attending in Fall:

Community Service/Involvement:

Planned Course of Study / Major *(be as specific as possible)*:

Explain why you chose this field of study and/or how you plan to make a difference in people's lives. *(Use only the space provided)*

Please list any special circumstances resulting in a financial need:

Application Deadline: May 6, 2016 to Student Services Office

Please include a copy of your high school transcript with this application