

Deer Lodge Medical Center Scholarship Application

Deadline for the application is due to Powell County High School by May 5, 2020

Please attach a High School Transcript of Credits and GPA

\$1000 Scholarship for a Powell County High School Graduating Senior

Applicant's Full Name _____

Date of Birth _____ Social Security Number (SSN) _____

Address _____ Town _____ Zip _____

Phone _____

Father's Name _____

Father's Occupation _____

Mother's Name _____

Mother's Occupation _____

GPA _____ Class Rank _____ of _____

Post-Secondary School (planning to attend) _____

Major Area of Study _____ Minor _____

High School Activities:

Offices Held:

Honors and Awards:

Volunteer Experience:

Out of School Activities (home, civic, church youth groups, etc.):

Career Goals and Future Plans:

What area of medicine are you most interested in and why?:

Other information you may want to share:
