

SCHOLARSHIP APPLICATION  
*Answers must be typed or printed legibly*



**Russell Medical**  
FOUNDATION

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent Employed at Russell Medical \_\_\_\_\_

High School Attended \_\_\_\_\_

High School GPA \_\_\_\_\_ (Official school transcript required)

ACT or SAT Score \_\_\_\_\_ (Copy of score sheet required)

College you plan to attend \_\_\_\_\_

Anticipated Degree \_\_\_\_\_

References:

Name	Place of Employment	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever volunteered or been employed by Russell Medical ?

If so, give dates and department worked: \_\_\_\_\_  
\  
\_\_\_\_\_

Check List:

- ◇ Completed Application
- ◇ Resume including leadership, volunteer and/or work experience
- ◇ High School Transcript
- ◇ Brief summary of your college plans and anticipated career path
- ◇ Three letters of reference, one of which should be from a teacher
- ◇ SAT or ACT score sheet

Selection will be based on academic excellence and leadership qualities.

All applications should be submitted to Judy Wood Administration by April 1, 2024