

HORTON MEDICAL AUXILIARY SCHOLORSHIP

Applicant must be pursuing a career in the medical field.

Name: _____
Address: _____
City/St/Zip _____
Phone # _____

Course of Study _____

Describe in your own words your vocational and profession plans for the future. (150 words or less)

State briefly why you feel you should be awarded this scholarship.

A.C.T. Scores (seniors only) _____ G.P.A. _____

Do you plan on returning back to the community after receiving your degree? Yes or No

I understand that any false information automatically disqualifies me from eligibility.

Applicants Signature

Date

Application due by May 1, 2015
Susan Pennington, President
Horton Medical Auxiliary
1890 Euclid Avenue
Horton KS 66439

or

Horton Thrift Store
114 West 8th Street
Horton KS 66439