

Student Medical Information



This form must be completed by students wanting to receive scholarship funds

The PRIORITY DEADLINE for filing is **May 1st** for the Fall Semester and Nov. 1 for the Spring Semester, however, we will accept your application at any time.

It is important to remember that funds are limited and the prompt submission of this (and other) financial aid forms will enhance your opportunity for an award.

PART 1 PERSONAL INFORMATION

Name of Student (Last Name, First Name, Middle Name) _____

Age _____ Date of Birth _____ Social Security Number _____

Home Address (Number & Street, City, State, Zip) _____
Phone Number _____
E-Mail Address _____
Church Affiliation _____

Current Grade Point Average _____ SAT/ACT Score _____ Major Academic Interest _____
Do you plan to attend (Circle one): Full-Time Part-Time

Previous College(s) Attended:

Institution Name	Dates Attended (From-To)	Degree Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent or Guardian's Name _____

Parent's or Guardian's Address (Number & Street, City, State, Zip) _____

Parent's or Guardian's Phone Number _____

Please indicate any outside scholarships or loans you will be receiving during the coming academic year (i.e. Rotary Scholarship, Booster's Club, Church/Denominational Scholarship, etc.)

Name of Organization	Amount of Scholarship
_____	_____
_____	_____
_____	_____