

**JAMES J. AND MAMIE RICHARDSON PERKINS
HEALTH PROFESSIONS SCHOLARSHIP APPLICATION
(PLEASE TYPE)**

Name: _____
Last
First
Middle

Social Security Number: _____ Cell number: _____

Current Address: _____

Email Address: _____

Name of Parents: _____

Class Rank: _____ in a class of _____

SAT or ACT score: _____

List activities and leadership positions (*clubs, elective offices, etc.*):

9th _____

10th _____

11th _____

12th _____

Church, civic participation _____

(An attachment may be added for activities, honors, in addition to those above.)

Please attach the official school transcript of grades and ACT or SAT score.

Please attach one letter from the principal or guidance counselor attesting to the moral character of the applicant and evidence of interest in the health careers area. If the applicant has been enrolled in a health occupations class, a letter from that teacher may be added.

Please also attach a one-page statement by the applicant stating academic and career goals and any other information which might provide those on the selection committee with additional insight.

FINANCIAL INFORMATION
(This information will be held in strict confidence.)

1. Please list any scholarship or financial aid which you have already been awarded:

2. If there is a financial need that would make it difficult for applicant to attend college, that circumstance should be noted here

3. Father's Name _____

Occupation _____

Employer _____

Annual Income _____

4. Mother's Name _____

Occupation _____

Employer _____

Annual Income _____

5. Number of dependent children _____ Ages _____

6. Income from other sources _____

7. Amount that family could pay toward the student's tuition (expenses) _____

8. Have you made application for any other scholarship or loan?
