JAMES J. AND MAMIE RICHARDSON PERKINS HEALTH PROFESSIONS SCHOLARSHIP APPLICATION

Name:	Last	First	Middle
Social Securit	y Number:		
Current Addre	ess:		
Name of Pare	nts:		
Class Rank: _	in a clas	s size of	
SAT or ACT	score:		
List activities	and leadership position	as (clubs, elective offices, etc.):	
9 th			
1 1 th			
12			
	participation		
(An attachmer	ıt may be added for act	ivities, honors in addition to the	ose above.)

Please attach 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.)

If there is a financic circumstance should				_
Father's Name				_
Occupation				_
Employer				_
Annual Income				_
Mother's Name				_
Occupation				_
Employer				_
Annual Income				_
Number of depende	nt children	Ages		
Income from other	sources			
Amount that family	could pay towar	rd the student's t	uition (expenses)
		other scholarship		