



MEDICAL STAFF STUDENT SCHOLARSHIP 2018

RECIPIENT INFORMATION

PLEASE PRINT

Return this application to your counselor ASAP

Students name and phonetic pronunciation

Name of High School _____

School Address _____

Student Home Address, city, state, zip / home or cell number

Parent(s)' Name(s)

Student's Counselor / Counselor Phone and email:

Give a brief overview of student's school and community activities in the space below:

➤

➤

➤

Intended College/University and Major:

Students, please return this form to your counselor.

Counselors, please fax or email this completed form
To Gina Larson at Fairview Ridges Medical Staff Office
Email: Glarson4@fairview.org
Fax: 952-892-2107 (attn.: Gina Larson)