



Health Career Scholarship Application

Name: _____

High School Attending: _____ Expected Graduation Date: _____

High School GPA: _____ Class Rank: _____ of _____

College, University, or Vocational Program Attending in Fall:

Community Service/Involvement:

Planned Course of Study / Major (*be as specific as possible*):

Explain why you chose this field of study and/or how you plan to make a difference in people's lives. (*Use only the space provided*)

Please list any special circumstances resulting in a financial need:

Application Deadline: March 27, 2018

Please include a copy of your high school transcript with this application

Mayo Clinic Health System Health Career Scholarship
Application Scoring Procedure

Applicant Name: _____

High School: _____

(Circle the points that apply and total each criteria on the right)

POINTS

<u>GPA</u>	3.00 - 3.20	3.21 - 3.40	3.41 - 3.60	3.61 - 3.80	3.81 - 4.00	
	2	4	6	8	10	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
						<i>not to exceed 10</i>

<u>Community Service/Involvement</u>		
Each item listed = 1 pt. (up to 10 pts maximum)	# of items: _____	x 1 pt. =
		<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
		<i>not to exceed 10</i>

<u>Essay</u>	<u>Spelling</u>	<u>Grammar</u>	<u>Potential for Making a Difference in Health Care</u>	
	2	3	up to 10	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
				<i>not to exceed 15</i>

Total Points