

***Rice Medical Center Employee Volunteers
Medical Scholarship***

Name: _____ ***DOB:*** _____

Address: _____ ***Telephone:*** _____

School Activities: _____

Community Activities: _____

Approximate GPA: _____ ***Approximate Class Rank:*** _____

Career Goal: _____

***Write an explanation of your future goals for the next 5
years:*** _____

Signature: _____ ***Date:*** _____

Scholarship requirements:

Attached letter of reference from a non-family member

Attached official transcript

2.5 or higher GPA on a 4.0 scale

Applicant must go into a medical field

Return Application to Counselor by March 31.