



LOUELLA BOLT MEMORIAL HEALTH PROFESSIONS

2017-2018

Sponsored by The Pediatric Care Center



The deadline to submit this application form is May 1st, 2018

Rules and criteria

governing this award

1. Students must be members of a group that is under-represented in a health care related field, i.e. African-American, Hispanic, Native American, and Alaskan Native. Students must be high school seniors during the 2017–2018 academic years and plan to enroll during the 2018-2019 academic year in a four-year college or university offering a science/health degree. Students are encouraged to choose classes leading to a degree in medicine/health.
2. The selection of award recipients will be based on the following criteria:
 - a) The student’s academic record, minimum GPA of 3.0.
 - b) The student’s participation in school and/or outside jobs/activities as outlined in the student’s career essay and in the letter of recommendation from a high school counselor, math teacher or science teacher.
 - c) The student’s reason(s) for choosing health/medicine, as outlined in the student’s career essay.
3. Individual awards for the full academic year will be \$500.00. Awards will be announced by May, 31st 2018, and payment disbursed to each student upon receipt of a copy of the proof of 2018 fall-semester college registration. **No award will be sent out after August 2018.**

Instructions for Submitting a Nomination

A complete application for the 2017-2018 Louella Bolt Memorial Health Professions Scholarship will contain a copy of each of the following items:

1. From the **student**:
 - a) A completed application form (this form)
 - b) A **TYPED** career essay not to exceed 300 words outlining the following:
 - * College or university chosen to attend; when and why
 - * Reasons for choosing a health related career
 - * Possible career choices that may be of interest
 - c) Official transcript of high school grades
 - d) Photo of applicant
2. A letter of recommendation from the high school counselor, math teacher or science teacher containing, but not limited to, the following:
 - a) Verification of student’s GPA and graduation date.
 - b) Verification of high school senior class average grade. (If confidential, High School Counselor statement is required.)
 - c) Confirmation of minority group of student.
 - d) Information about the student’s school, job and/or other activities.

Applicant’s Name: _____

Address: _____

Home /Cell phone: _____ / _____

E-mail address: _____

Soc. Sec. No.: _____

High school: _____

Expected completion date of high school requirements:
_____ / _____

Cumulative GPA / Maximum possible GPA:
_____ / _____

Name of College Admitted to (if known):

Check Minority Group:
African-American () Hispanic () Native American ()
Alaskan Native () Other (describe): _____

Check Gender: Male () Female ()

Submission Instructions:
Completed applications must be postmarked on or before May 1st, 2018.
Mail the completed application form (this form), career essay and the supporting documents (letters, transcript ,photo ,etc.) to:
Dr. Daria Babineaux,
Scholarship Program
The Pediatric Care Center
214 Chaparral Blvd,
Rio Grande City, Texas 78582