

PAT POTTER FUND SCHOLARSHIP



Student Name: _____

Address: _____

Telephone No.: _____ E-Mail: _____

Name of School/College/University that you will attend: _____

Location: _____
Street City State Zip

Have you been accepted by the/College/University: Yes No

What program do you intend to pursue? _____

List School Activities/Organizations: _____

List Community (Non-School) Activities/Organizations: _____

Essay: Attach a brief essay stating your interest in a medical field (examples - why you are interested, your experience, what you want to do with your medical education, what you would like to do in the future). Your essay must be limited to 1 double spaced page. Be direct and to the point. Be sure to place your name on your essay page.

I authorize release of school record information including, but not limited to, transcripts, test scores, attendance records, disciplinary records, to the Pat Potter Scholarship Fund Committee.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If student is less than 18 years of age)

Office Use Only - Do Not Write Below This Line

Student GPA: _____

IHS Course of Study: _____

School/College/University Acceptance Verified: Yes No Pending

**RETURN THE COMPLETED APPLICATION TO THE
SUPERINTENDENT'S OFFICE BY
MAY 1st**