

MEDICAL STAFF STUDENT SCHOLARSHIP 2019

RECIPIENT INFORMATION

PLEASE PRINT IN INK

Return this application to Student Services by 3:00pm Friday, March 15, 2019

Student 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 Dean: Name, 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 Student Services.

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)