

Scholarship Application
Dr. Paul T. and Alma A. Stroud Pre-Med Scholarship

Name: _____
Last First M.I.

Address: _____
Street and Number City State Zip

Email: _____ Phone #: _____

GPA: _____ Hours passed: _____ Student ID: _____

MCAT Score: _____

Other Current Scholarships:

Academic Awards and Honors:

Relevant Extra Curricular Activities:

Research and Publications:

References:

Name Email address Phone Number

Name Email address Phone Number

* Please attach a short essay on your medical career plans and how this scholarship will allow you to achieve your goals. Please include your official ASU transcript as well.

I swear that the above information is accurate and complete to the best of my knowledge.

Signature

Applications may be sent to:
Craighead County Community Foundation Attn: Barbara Weinstock
407 Union Jonesboro, AR 72401 or email to bwein@suddenlink.net.
Applications due November 1, 2014.

