

Wells Medical Scholarship Application

Please legibly print or type the following information in dark ink.

Name _____

Address _____

Phone _____ Email _____

Parent/Guardian _____

GPA _____ Class Rank _____

ECA Passed: English Yes _____ No _____ / Passed Alg Yes _____ No _____

College you plan to attend _____

Anticipated college major _____

Prior Work Experience _____

What do you hope to do once you earn your degree?

Transcript: Please attach a copy of your official transcript.

By signing this form, you verify that all information included in your application is accurate.

Applicant _____ Date _____

Return this form to your school counselor by April 15