

**Alex LaRue Memorial & Fentress  
Hope Foundation Scholarship  
Health Sciences Major Scholarship Application**

Name of applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Hobbies and Recreational Interests: \_\_\_\_\_

\_\_\_\_\_

**Achievements**

Awards received: \_\_\_\_\_

\_\_\_\_\_

Offices held: \_\_\_\_\_

Extracurricular activities (sports, clubs, band, ect.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Write a brief summary on why you want a career in the Health Sciences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, a graduating senior, wish to apply for the Alex LaRue Memorial & Fentress Hope Foundation Scholarship for the academic year of 2017-2018. I plan to major in \_\_\_\_\_ at \_\_\_\_\_ (college/school)

The scholarship amount is \$500. The scholarship will be paid in full to you upon presentation of your registration for semester. Return proof of registration to your school counselor and they will contact our organization for payment of award.

**DEADLINE:** In order to receive consideration for the scholarship, the school counselor must receive the application on or before May 15, 2017.

Notification of the recipient will be made at the graduation ceremony.

I certify, to the best of my belief, the information I am submitting with this application is true, correct, and made in good faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information provided will be considered confidential. The information will be used solely to evaluate the applicant for ascholarship award.