



MAYO CLINIC
HEALTH SYSTEM

Health Career Scholarship Application

Name: _____

High School Attending: _____ Expected Graduation Date: _____

High School GPA: _____ Class Rank: _____ of _____

College, University, or Vocational Program Attending in Fall:

Community Service/Involvement:

Planned Course of Study / Major *(be as specific as possible)*:

Explain why you chose this field of study and/or how you plan to make a difference in people's lives. *(Use only the space provided)*

Please list any special circumstances resulting in a financial need:

Application Deadline: March 27, 2018

Please include a copy of your high school transcript with this application

Mayo Clinic Health System Health Career Scholarship

Application Scoring Procedure

Applicant Name: _____ High School: _____

(Circle the points that apply and total each criteria on the right) **POINTS**

<u>GPA</u>	3.00 - 3.20	3.21 - 3.40	3.41 - 3.60	3.61 - 3.80	3.81 - 4.00	
	2	4	6	8	10	[] <i>not to exceed 10</i>

Community Service/Involvement
 Each item listed = 1 pt. (up to 10 pts maximum) # of items: _____ x 1 pt. = _____
not to exceed 10

<u>Essay</u>	2	<u>Spelling</u>	3	<u>Potential for Making a Difference in Health Care</u>	up to 10	
						[] <i>not to exceed 15</i>

Total Points []