

Processing Deadline

April 30, 2020

# Scholarship

#37

Posted 3/13/20

## Imlay City Medical Scholarship

Offered by: Michael Warnars, D.C., Clifton Clendenan, D.C., and  
Laura Zelenak, D.O.

❖ G.P.A.

❖ SAT/ACT

❖ ESSAY: Yes – see form

1. Written essay following all guidelines
2. Proof of college acceptance

Amount: T.B.D.



- Complete the required forms and return them to the Counseling Center
- If you have any questions or concerns please see your counselor.
- Check application for a more detailed description of the requirements.

• Your transcript will be attached to your application after you return this form to the Counseling Center

## IMLAY CITY MEDICAL SCHOLARSHIP

Offered by: Michael Warnars, D.C., Clifton Clendenan, D.C., and  
Laura Zelenak, D.O.

### SCHOLARSHIP APPLICATION

Several health care professionals in our community are pleased to be able to offer two scholarships to graduating Imlay City High School students entering the health care field. In order to be eligible the applicant must submit the following:

- A completed application
- A written essay following all guidelines
- Proof of college acceptance.

To be completed by applicant:

Name: \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Last Name, First Name

Address: \_\_\_\_\_  
Number & Street City Zip

Phone Number: \_\_\_\_\_

Is this a home phone number or a cell phone number \_\_\_\_\_

## IMLAY CITY MEDICAL SCHOLARSHIP

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Number/Age of Siblings \_\_\_\_\_ Number of Siblings in College \_\_\_\_\_

1. What school will you attend? Describe your educational and career plans. \_\_\_\_\_

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2. Explain how you plan to finance your education (amounts, if possible). \_\_\_\_\_

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3. Are there any special financial circumstances that you want to share? \_\_\_\_\_

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4. Describe all church and community activities, offices held, awards received, family military history, etc. (If possible, please attach a resume describing this information.) \_\_\_\_\_

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5. List all the completed seasons for each sport that you participated in during high school and include any awards or recognition for each one.

2016/17	2017/18	2018/19	2019/20
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List all other extra-curricular activities.

2016/17	2017/18	2018/19	2019/20
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

Applicant must include an essay with the following requirements:

- Minimum of 250 words; 500 word maximum
- Must be written in a college preparatory style
- The essay must clearly answer the following three questions:
  - 1) Why are you choosing a health care career?
  - 2) What are some of your past experiences that have influenced your decision to enter this field?
  - 3) What qualities do you have that would be helpful in making you a competent, dedicated health care professional?