



Henry Bell Scholarship Application

Name: _____

DOB: _____

Telephone Number: _____

Home Address: _____
City State Zip Code

⇒ List College, to which you are enrolled:

1. _____
2. _____
3. _____

⇒ Which medical – related profession have you chosen?

1. _____

⇒ Estimated education expenses per year: _____

⇒ Grants or scholarships received / applied for [from where and how much]

1. _____
2. _____
3. _____

⇒ High School name and all school activities and offices held through high school

1. _____
2. _____
3. _____

⇒ List community activities in which you have participated, including supervisor contact name and telephone number.

1. _____
2. _____
3. _____

Applicants Employment Record [use additional sheet if needed]

List all employers, including duties, date of employment and supervisor's contact name/telephone

- 1. _____

- 2. _____

- 3. _____

By signing below, I acknowledge that I have read and that I meet the qualifications, as outlined in the Henry Bell Scholarship policy.

Applicant printed name

Applicant Signature

Date