

**APPLICATION FOR THE ALLELY MEMORIAL MEDICAL SCHOLARSHIP**

Student name\_\_\_\_\_

Parent(s) name(s)\_\_\_\_\_

Email \_\_\_\_\_

Name of school you plan to attend\_\_\_\_\_

Location of school\_\_\_\_\_

Type of program you are enrolled in\_\_\_\_\_

Graduation Year\_\_\_\_\_

Post-High School GPA\_\_\_\_\_

On a separate sheet please respond to the following and attach to the application form:

1. Summarize your participation in extracurricular activities
2. Describe your community activities not related to school
3. Describe your work experience

Current high school students attach copies of a dated letter of acceptance from your school. Current college students attach your most recent transcript.

**Date**

\_\_\_\_\_  
**Student signature**  
\_\_\_\_\_