



2018 Scholarship Application

Scholarships are meant to assist high school students who intend to pursue a career in healthcare, but are in need of financial support to attend the Summer Medical Academy. Please understand that our funds are limited, and we do not award full scholarships. Applications will be reviewed and selected by a committee comprised of Rady Children’s staff and awards will be communicated by April 2018. If awarded, scholarship funds will be credited toward program tuition costs and not given directly to the student.

Part I: Student Information (completed by Student)

Full Name:	(First)	(Last)
Date of Birth:		Grade:
High School:		

Part II: Background Information (completed by Student and Parent/Guardian)

1. What amount of the full tuition (\$2,450) would you need as a scholarship award to be able to attend? \$ _____
2. List Family Gross Annual Income from your 2016 Income Tax Form 1040 Line #22: \$ _____ (Please attach a copy of your 2016 Income Tax Form).

Part III: Short Answers (please complete both)

1. In 200 words or less, please describe your ideal community. What would it have/look like; who would live there; what services would be available, etc.?
2. In 200 words or less, describe the medical profession you wish to pursue and where you would you like to practice. Please share the reasons why you think participating in the Rady Children’s Summer Medical Academy would support you achieving your goals.

Part IV: Statement of Accuracy

I hereby affirm that all the above stated information provided is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient, my/my child’s picture may be taken and used to promote the Summer Medical Academy Scholarship Program.	
Signature of Scholarship Applicant:	Date:
Signature of Parent/Guardian:	Date: