

COONS-FARRAR PREMEDICAL, ALLIED HEALTH AWARD APPLICATION
FOR MEDICAL MISSIONS
STUDENT/ FACULTY/ STAFF INFORMATION (Please print or type)

Name _____ Age _____ Date _____

Permanent Mailing Address _____

Phone number for above address (_____) - _____

Present address _____ Present phone number _____

Birth Date _____ Social security number _____

Preprofessional area or allied health area of interest _____
(NOTE: THIS INFORMATION IS ESSENTIAL FOR CONSIDERATION OF YOUR APPLICATION.)

Students:

Undergraduate academic major _____, minor _____

Total hours credit as of August, 2023. _____

I plan to be at Harding _____ more years. When do you expect to graduate? _____

Faculty/ Staff:

College/ Department where you work? _____

All Applicants:

Dates of your medical mission trip? _____

Location of mission trip? _____

Names of the leaders of the mission trip. _____

Cost of the trip. _____

Address where money should be mailed (money will not be sent to you personally). _____

Deadline for receipt of funds. _____

It has been stipulated that need is a factor to be considered in making this award. Therefore, please supply the information requested below. Any additional information which you wish to provide may be included in your attached letter.

Students:

Occupation of father or male guardian _____

Occupation of mother or female guardian _____

Occupation of your wife or husband, if you are married _____

Do you work or have you worked during school to defray college expenses? _____

Do you work summers to defray college expenses? _____

Will going on a medical mission trip in any way jeopardize a summer job situation? _____ If yes, explain:

Please attach a letter to the Allied Health Science Committee containing any statements you wish to make to help the committee determine whether or not you should be granted a Coons-Farrar Award for Medical Missions. Please include a discussion of the reasons why you would like to make this trip.

I hereby certify that, to the best of my recollection, the above information is correct.

Signature of the applicant _____

Date signed _____

Please email completed application to: tstone@harding.edu by Friday, February 2, 2024.

Mrs. Tia Stone, Preprofessional Health Science Administrator
501-279-4980
Pryor Science Building Room 107
Harding Box 12274, Searcy, AR 72149