PREMEDICAL SCHOLARSHIP APPLICATION STUDENT INFORMATION (Please type or print legibly)

Name			Age	Date	
Home State					
Home Mailing Address					
Present address / HU Box _					
Email Address		Pres	sent phone number		
Birth Date		_ Harding ID			
Undergraduate academic ma	ajor		, minor		
	August d 27 hours total credit by August, 2024 olying must be a current student at Har				istry, Physics, and Math by
I plan to be at Harding	more years. When do you	expect to graduate?			
My overall accumulative G	PA on hours credit is	(Minimum	n GPA of 3.3 is req	uired.)	
My overall accumulative G	PA on hours credit in Bio	ology, Chemistry, P	hysics and Math is		
	ed is a factor (but not the major factor) v additional information which you wi				ounts for our asking for the
List any other scholarships	or grants you may have received from	Harding. Will they	y be continued next	year?	
Dates	Scholarship Name	Am	ount Received	Continued	
List all loans you have take	n out to assist in your college expenses				
Dates	Loans		Amoun		
					_
					_

Please list any shadowing, volunteer work, or employment you have had in the medical field.

Please attach a statement, typed on a separate sheet, that would help in considering you for one of the Premedical Scholarships. In this letter you should clearly state your career goals. Why do you want to be a physician? The premedical scholarships are only for students who are firm in their commitment to attend medical school and become physicians. Include anything that you feel would uniquely qualify you for one of these scholarships. You should include any work experience or extracurricular activities that demonstrate your commitment to your professional goals and/or your leadership abilities, etc. You should include experiences that would demonstrate your desire to serve and any experience you have had in the mission field. How do you see your career as a physician as being the Lord's work? If financial need is a factor, please write about this, also. (300-700 words)

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

Signature of the applicant _____ Date signed

Please email completed application to: tstone@harding.edu by Friday, February 2, 2024 by 5:00 P.M.

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