

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 January, 2025. _____

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. _____

Please list two faculty/ staff references. _____

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: ahs@harding.edu by Friday, January 31, 2025.

If you have questions, please contact Mrs. Tia Stone, Preprofessional Health Science Administrator at 501-279-4980, Pryor Science Building Room 107.