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

Name		Age	Date	
Home State				
Home Mailing Addr	ess			
Present address / HU	J Box			
Email Address		Present phone num	nber	
Birth Date		Harding ID		
Undergraduate acade	emic major	, minor		
Total hours credit as	of <u>May</u> , <u>2025.</u>			
May, 2025 to be awa	amulated 27 hours total credit by May, 2025. Appared the scholarship. Overall GPA must be 3.3 Preference will be given to juniors and seniors.)			
I plan to be at Hardin	ng more years. When do you exp	pect to graduate?		
My overall accumula	ative GPA on hours credit is	(Minimum GPA of 3.3 is	required.)	
My overall accumula	ative GPA on hours credit in Biolog	gy, Chemistry, Physics and Ma	th is	
	that need is a factor (but not the major factor) to on. Any additional information which you wish			ounts for our asking for the
List any other schola	arships or grants you may have received from Ha	arding. Will they be continued	next year?	
Dates	Scholarship Name		Amount Received	Continued
		·		
				,
				-
List all loans you ha	ve taken out to assist in your college expenses:			
Dates	Loans		Amount Received	

Please list two faculty/ staff references.	
Please list any shadowing, volunteer work, or e	employment you have had in the medical field.
Premedical Scholarships. In this letter you show physician? The premedical scholarships are or medical school and become physicians. Include these scholarships. You should include any wor your commitment to your professional goals experiences that would demonstrate your desired.	e sheet, that would help in considering you for one of the old clearly state your career goals. Why do you want to be a ply for students who are firm in their commitment to attend anything that you feel would uniquely qualify you for one of experience or extracurricular activities that demonstrate and/or your leadership abilities, etc. You should include the to serve and any experience you have had in the mission can as being the Lord's work? If financial need is a factor
I hereby certify that, to the best of my knowledge, the above information of the state of the st	mation is correct.
Signature of the applicant	Date signed

Please email completed application to: ahs@harding.edu by Friday, February 7, 2025 by 11:59 P.M.

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