

SCHOLARSHIP APPLICATION

College of Allied Health Sciences
University of Tennessee Health Science Center

Administrative Use Only

Pre-professional GPA _____
Professional Program GPA _____
Total Credit Hours Earned _____
Highest Degree Earned _____
Current Class Rank _____
Scholarships Received _____
Grants Received _____
Financial Need _____

Students must complete this scholarship application to be considered for any of the scholarships available to students admitted to the College of Allied Health Sciences.

Name: _____ SS#: _____
 Last First MI

UTHSC Program In Which You Are Enrolled: _____

Gender (Check one): Male Female

Local Address: _____

Permanent Address: _____

Date of Initial Enrollment (or anticipated enrollment) at UTHSC: _____

Expected Year of Graduation: _____

College/University Honors and Awards: _____

Academic Honors and/or Awards Received: _____

Non-Academic Honors and Awards Received: _____

Extracurricular Activities: _____

Work Experience: _____

Leadership Positions Held:

Description of Post Graduation Plans: _____

Provide additional information that illustrates why you would be a good candidate for a scholarship.

ATTENTION PHYSICAL THERAPY STUDENTS – PLEASE COMPLETE PAGE 3 OF THIS APPLICATION.

TO BE COMPLETED BY PROGRAM DIRECTOR

Leadership Potential (Circle one): High Medium Low

Demonstration of Professionalism (Please provide specific examples):

1. Demonstration of academic responsibility:

2. Establishes realistic career goals:

3. Selflessness (willingness to help others):

4. Participates effectively in groups:

For Physical Therapy Students Only:

Please list your father's highest level of education: _____

Please list your mother's highest level of education: _____