



**FIRST INSTITUTE SCHOLARSHIP - 2016 APPLICATION FORM**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ High School Grad/GED Date: \_\_\_\_\_

High School Name: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_

GPA: \_\_\_\_\_ Wonderlic/ACT Score: \_\_\_\_\_

High School Activities/Sports/Extra Curricular: \_\_\_\_\_

Awards Received – School Related: \_\_\_\_\_

Awards Received – Work Related: \_\_\_\_\_

Community Service Activities/Experience: \_\_\_\_\_

Program of Study:            Medical Assisting    Dental Assisting    Massage Therapy

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Essay Submitted            \_\_\_\_\_

Transcript Received:        \_\_\_\_\_

ACT Score Received:        \_\_\_\_\_

Letter of Recommendation: \_\_\_\_\_

Complete the above Application Form attaching information requested under General Requirements and mail as outlined.