

ST. LAWRENCE COUNTY SCHOLARSHIP APPLICATION

APPLICATION FOR: _____ Medical _____ Dental _____ Nursing _____ Optometry _____ Veterinary Medicine

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____ SOCIAL SECURITY NUMBER: _____

PERMANENT ADDRESS: (if different) _____

HIGH SCHOOL: _____

DATE OF GRADUATION/ANTICIPATED: _____

COLLEGE OR UNIVERSITY 1. _____

ADDRESS: _____

MAJOR: _____ DEGREE RECEIVED: _____

CREDITS COMPLETED: _____ DATE OF GRADUATION: _____

_____ DATE OF ANTICIPATED GRADUATION _____

COLLEGE OR UNIVERSITY 2. _____

ADDRESS: _____

MAJOR: _____ DEGREE RECEIVED: _____

CREDITS COMPLETED: _____ DATE OF GRADUATION: _____

_____ DATE OF ANTICIPATED GRADUATION _____

PROFESSIONAL SCHOOL: _____

ADDRESS: _____

ANTICIPATED DATE OF GRADUATION: _____

DEGREE/CREDENTIAL TO BE AWARDED: _____

FIELD OF SPECIALIZATION, IF ANY: _____

STANDARDIZED EXAMINATION(S) TAKEN:

_____ SAT _____ DAT _____ OAT

_____ MCAT _____ GRE

_____ OTHER: SPECIFY _____

APPLICATION REQUIREMENTS:

1. Completed St. Lawrence County scholarship application and financial profile forms.
2. Statement of intent to practice his/her clinical profession in St. Lawrence County on a full-time basis upon completion of professional education/training.
3. Official transcripts for secondary and any post-secondary education to be sent **DIRECTLY** to address noted below.
4. Official copy of appropriate entrance examination results (i.e.: SAT, DAT, MCAT, GRE, OAT) to be sent **DIRECTLY** to address noted below.
5. Letter of acceptance to an accredited professional education program in the fields of medicine, dentistry, nursing, optometry or veterinary medicine.
6. A letter of recommendation from one or more of the following: teacher, guidance counselor, employer, health care professional to be send **DIRECTLY** to address noted below.

MS. KRISTEN BENSON
ADMINISTRATIVE ASSISTANT
ST. LAWRENCE COUNTY SCHOLARSHIP PROGRAM
ST. LAWRENCE COUNTY PUBLIC HEALTH DEPARTMENT
80 SH 310, SUITE 2
CANTON, NY 13617-1476