

2010 Application Form

Dr. James L. Hutchinson and Evelyn Ribbs Hutchinson Medical School Scholarship

Please read application instructions.

APPLICANT CONTACT INFORMATION

Name: _____
FIRST MIDDLE LAST

Permanent Address: _____
STREET

_____ CITY STATE ZIP CODE

County of Residence: _____ Phone Number _____

Cell Phone Number: _____ Email: _____

Date of Birth: ____ / ____ / ____ US Citizen? Yes No *Documentation must accompany application.*

OPTIONAL INFORMATION

Did either of your parents complete college? Yes No Are you an independent adult returning to college? Yes No

Race/Ethnic Origin: American Indian or Alaskan Native White
 Asian (Not Hispanic or Latino) Hispanic or Latino
 Black or African American (Not Hispanic or Latino) Two or more Races (Not Hispanic or Latino)
 Native Hawaiian or other Pacific Islander

EDUCATION

High School _____ Date of graduation ____ / ____ / ____ GPA: _____
CITY

College _____ Date of graduation ____ / ____ / ____ GPA: _____
CITY

Are you currently enrolled in a medical school? Yes No

If yes, please provide name of school: _____ Current year in school: _____

If no, have you been accepted to a medical school? Yes No

If yes, please provide name of school: _____

If no, please list the medical school you hope to attend:

_____ FIRST CHOICE _____ SECOND CHOICE

Applicant Name: _____
FIRST MIDDLE LAST

ACADEMIC ACHIEVEMENTS

Attach an additional sheet if necessary.

1. Describe your academic achievements (i.e., publications, certifications, degrees, etc):

2. List any academic awards you have received:

3. List leadership activities (i.e., offices held, etc.) since entering college/university:

COMMUNITY INVOLVEMENT

Please list the principal community, volunteer, personal and extracurricular activities in which you have been involved. Include student government, volunteer projects, etc. Attach an additional sheet if necessary.

Activity	Honors and/or Positions Held	Dates of Involvement	Hours per Month
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list your employment history (if applicable). Attach an additional sheet if necessary.

Employer	Position	Dates of Employment	Hours per Week
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

How have you used income earned? _____

Applicant Name: _____

FIRST

MIDDLE

LAST

APPLICATION CHECKLIST

Did you remember to...

- Complete and sign the enclosed application form?
- Include 2 letters of reference?
- Include an **official** copy of your transcript(s) (both college and medical school, if applicable)?
- Include a signed and dated personal statement?
- Include financial statements (SAR or first two pages of most recent form 1040)?
- Include proof of citizenship (photocopy of birth certificate, passport or naturalization papers)?
- Include proof of graduation from a high school or proof of residence in San Mateo County or Santa Clara County?
- Remove staples from application materials?