**ARIZONA COMMUNITY FOUNDATION**

**GRATITUDE SCHOLARSHIP APPLICATION**

***Please complete the scholarship application below, and return via email to the UNMC Scholarship Coordinator at*** ***finaid@unmc.edu******. The deadline for completing the application is May 31.***

**APPLICANT INFORMATION**

Name:

Permanent Address:

City/State/Zip:

Expected Graduation Date:

List any previous college/university attended:

List previous degrees received:

**COMMUNITY ACTIVITIES INFORMATION**

Describe any programs or activities in which you have held leadership roles or gained leadership experience:

List all honors, awards, offices held during your educational career:

**CAREER GOALS**

Briefly describe why you have chosen to enter into a medical career:

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Signature Date