

**SOUTH LYON MEDICAL CENTER AUXILLIARY  
MEDICAL SCHOLARSHIP APPLICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PARENT OR GUARDIAN'S NAME ADDRESS PHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL YOU ARE NOW ATTENDING** \_\_\_\_\_

**NUMBER OF YEARS** \_\_\_\_\_

**HIGH SCHOOL GPA** \_\_\_\_\_ **COLLEGE GPA** \_\_\_\_\_

Please write a short essay (one page or less), on why this scholarship is important to you, and why you chose a career in the medical field.

Please include your most recent transcript of grades, the essay, and two current letters of recommendation and return by June 30th to the address below.

Sandy Christensen  
P.O. Box 692  
Yerington, NV 89447  
775-301-7490