## MINERVA PONCE MEMORIAL SCHOLARSHIP

## **For Medical Education**

(In Memory of Minerva "Mimi" Ponce, M.D. – through Aspirus Riverview Foundation)

## SCHOLARSHIP APPLICATION

Return to Student Services/Guidance Department by April 2, 2018

PERSONAL DATA & FAMILY INFORMATION:		
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Student's Last Name	First Name	Middle Initial
Student's Address	· ·	Telephone
	- 1 - 1	
Father's Full Name	Mother's Full Name	
High School Attending:		, , m
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Name		Phone
POST HIGH SCHOOL PLANS:		Accepted
College, University or Technical School Preference:		
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CUMULATIVE GRADE POINT AVERAGE: _	(must be minimum of 3.0)	
ACT SCORE (if applicable):		•
Intended Major Area of Study:		
Please attach copy of high school transcripts.		
CCUOOL CO CURRICULAR ACTUUTUS.		
SCHOOL CO-CURRICULAR ACTIVITIES:		
Please list all co-curricular activities in which you have participated during grades 9-12, along with any special awards received during that time. Please include the following information:		
Name of Activity / Dates and Years of Participation (including number of hours) / Office Held / Award Received		
Please attach additional sheet summarizing this information.		
COMMUNITY INVOLVEMENT:		
Please list all community involvement activities in which you have participated during grades 9-12. Please include:		
Name of Activity / Dates and Years of Participation (including number of hours) / Office Held / Award Received  Please attach additional sheet summarizing this information.		
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EMPLOYMENT:	*	
Place of Employment:	Position Held:	Dates of Employment:
Plance attach additional cheet if necessary		

**ESSAY:** In less than two typewritten pages (double spaced), please outline your personal goals and how you arrived at decisions you have made concerning your educational future. Please include one letter of recommendation from a source not listed elsewhere on this application.

Two scholarships of \$1,000 will be awarded.

Applicant must be entering training for a career in a medical field. Programs at least two years in length will qualify applicants.