

# MINERVA PONCE MEMORIAL SCHOLARSHIP

## For Medical Education

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

Three scholarships of \$1,000 are awarded.

To qualify, applicants must be pursuing education for a minimum of two years for a career in a medical field.

## SCHOLARSHIP APPLICATION

Return to Student Services/Guidance Department by March 17, 2024

### PERSONAL INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone

High School Currently Attending: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ (minimum of 3.0 required)

*\*Attach copy of high school transcripts.*

### POST HIGH SCHOOL PLANS:

Name of College, University or Technical School: \_\_\_\_\_

Accepted  
☐ Yes ☐ No

Intended Major / Area of Study: \_\_\_\_\_

### SCHOOL CO-CURRICULAR ACTIVITIES:

Please list all co-curricular activities you have participated in during grades 9-12, along with any special awards received during that time. Please include the following information:

Name of Activity + Grade(s) Participated + Position(s) Held + Award(s) Received

*\*Attach an additional sheet summarizing this information.*

### COMMUNITY INVOLVEMENT and EMPLOYMENT:

Please list all community involvement activities and employment you have participated in during grades 9-12, along with any special awards received during that time. Please include the following information:

Name of Activity/Employer + Grade(s) Participated + Number of Hours Served + Position(s) Held + Award(s) Received

*\*Attach an additional sheet summarizing this information.*

### ESSAY and LETTER OF RECOMMENDATION:

Please describe your personal goals and how you arrived at your decision(s) concerning your educational future.

*\*Attach no more than two double-spaced pages.*

*\*Also, attach one letter of recommendation highlighting your strengths and demonstrating your abilities to succeed.*