Aurora Health Care Scholarship

Student Name: ___________________________   ID No. __________________

Intended Major/Area of Interest: ______________________________

List school activities you have been involved in (9th grade-present):

List community activities you have been involved in, include number of hours for each activity:

Please state the health field you plan to enter and why:

Please state your need for financial assistance:

Return to Mrs. Mars in room 218 by May 3, 2011