

PRE-HEALTH PROFESSIONS SCHOLARSHIP APPLICATION FORM

NAME: _____

EMAIL ADDRESS: _____

UHD STUDENT NUMBER: _____

WHEN DID YOU BEGIN YOUR STUDY AT UHD? _____

TOTAL NUMBER OF CREDIT HOURS AT UHD: _____

TOTAL NUMBER OF CREDIT HOURS FROM ALL UNIVERSITIES ATTENDED: _____

GRADE POINT AVERAGE FOR ALL UNIVERSITY-LEVEL WORK: _____

Note: Please make sure that copies of your transcripts from any other colleges/universities that you have attended are in the UHD system.

UHD DEGREE PROGRAM: _____

ADVISOR'S NAME: _____

LIST ANY EXTRACURRICULAR ACTIVITIES THAT YOU HAVE COMPLETED OR ARE CURRENTLY INVOLVED WITH WHICH WOULD SUPPORT YOUR APPLICATION:

A one to two page essay on "**Why I Want to Go to a Health Professions School**" should accompany the application form.

Provide two (2) letters of recommendation in signed, sealed envelopes with the application form.

APPLICATION DEADLINE: 4:00 p.m. the third Thursday in October for the fall semester and 4:00 p.m. the third Thursday in March for the spring semester. Turn your application materials in to the Department of Natural Sciences (Rm. N813).