

Deborah T. Combs-Cantrell Health Science Scholarship



Application Guidelines

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| Award: | \$1,000.00 |
| Application Deadline: | 5:00 pm, Friday April 29, 2022 |
| Notification of Recipients: | Recipients will be notified in May. |
| Application Eligibility: | Scholarship is limited to a graduating senior in the Argyle ISD interested in a career in the Health Sciences: Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse, Nurse Practitioner, Physician Assistant, Physical Therapy, Occupational Therapy, Dentist, Pharmacist, or Genetic/Medical Research |
| Application and Essay Review: | Applications are submitted for blind review by a selection committee. |

Note: Application documents cannot be shared links to a google account. Any supporting documents must arrive in a single file, uploaded and compiled into one email. The high school counselor must be copied on the applicant submission email.

Please email all documents to amy@supportargyleisd.org.

DO NOT TURN THIS INTO YOUR AHS COUNSELOR

Deborah T. Combs-Cantrell Health Science Scholarship Application

Name: (Last, First, Middle) _____

Street Address: _____

City, State, Zip: _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Parent(s) Name: (With whom you reside) _____

I affirm that the information provided in this application is true and complete and to the best of my knowledge. I consent to the verification of information contained in my application. I also consent to the release of my name and chosen field of study for media and Argyle ISD recognition purposes.

Signature of Applicant

Date

As the parent/guardian, I certify that the information on this application is true and accurate. I understand that the award will be sent directly to the school my child will attend and is to be applied for the Fall semester. My student's name and image may be used by AISD and AEF for publicity if awarded this scholarship.

Parent/Guardian Signature

Date

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**DO NOT LIST YOUR FIRST OR LAST NAME ON THIS PAGE
OR ANY PAGES ATTACHED.**

LETTERS OF RECOMMENDATION MAY LIST YOUR NAME **ONLY ONCE**.

Any letters that do not follow this will not be included. You are permitted up to 4 letters of recommendation and/or supporting documents. You may redact your name prior to submission if need be.

Please add TYPED responses on additional pages.

1. What health care fields interest you?
2. What college will you be attending and what do you plan to major in?
3. Please list Science and/or Health classes you have taken at Argyle High School or any other high school or correspondence course.
4. Describe your extracurricular activities and hobbies.
5. Describe your Healthcare Experiences; both paid and volunteer activities. For example: hospital volunteer, professional shadowing, and observatory experiences.
6. Please list any family members who work in healthcare, their relation to you, and their professional field of employment.
(No names. Example: Father, M.D.; Aunt, Dentist)

Essay:

In 500 words or less describe the healthcare field that you wish to enter and why you have chosen this field. Please attach a typed, double spaced copy, at least 12 point font.

Information submitted on this application will be kept confidential and may be used only to determine eligibility for the scholarship. It will not be released for any other purpose.