



Community Scholarship
Guidance Counselor Questionnaire

Instructions: Complete the following information and email it to vrocha@parmermedicalcenter.com. A confirmation email will be sent to both you and the student once the form is received. If you have any questions, please contact Judy Rocha at 806 250-2754.

Please Print

Applicant Information:

Name: _____, _____
Last First MI

Date of Birth ____/____/____ School: _____

Academics:

Current overall GPA (on a 4-point scale): _____

ACT Score: _____

Scholarships:

Is this a first-generation college student? Y N

Are you aware if the student has applied or plans to apply for other scholarships? Y N

If yes: Number of additional scholarships: _____

Has the student already been awarded any other scholarships? Y N

If yes: Total scholarship funds already awarded: \$_____

Recommendations:

Please score the student on the following:

	Poor			Excellent	
Overall Character.	1	2	3	4	5
Sincerity of going into the medical field.	1	2	3	4	5

Comments: _____

Please address any extenuating circumstances you feel the scholarship committee may want to know about this student:

Printed Name

Title

Signature

Date