



Hunter Tillman

Memorial Scholarship

**2024 MEDICAL SCHOLARSHIP
APPLICATION FORM**

Mission: Medical Professionals all too often do not get the credit they truly deserve. What they do is nothing short of extraordinary. They are saving lives, saving hopes for the future, and saving families. On a daily basis, they are not only caring for the health of their patients, but they are also creating reasons to smile, making conditions as suitable and pleasant as possible, and forming connections with their patients who not only need them, but depend on them.

Deadline: This application form and all other required documentation is encouraged to be postmarked by **June 30th, 2024**. Mail to:

Hunter Tillman Memorial Scholarship
1726 Iron Horse Loop
Spearfish, SD 57783

-----or-----

e-mail: huntertillmanscholarship@gmail.com

Questions? e-mail: huntertillmanscholarship@gmail.com

Eligibility: Students must meet these criteria to be eligible. Please initial.

1. ____ I will be graduating from Spearfish High School in 2024
2. ____ I will be attending a college in the fall of 2024 / spring of 2025
3. ____ I confirm that I will be educated in a Medical field
4. ____ I confirm that I have a GPA of 3.2 or above

Name:

a. First Name: _____

b. Last Name: _____

Home address:

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary telephone: (_____) _____

E-mail: _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

GPA: What is your current GPA? _____

What college will you attend in 2024-2025?

Name: _____

City: _____ State: _____ Zip _____

What degree(s) are you pursuing: _____

Anticipated year of college graduation: _____

Community & Volunteer Experience: _____

The Essay:

What does the scholarship committee need to know about you in 500-750 words? The committee members will be especially interested in these points: your goals for the medical profession, and your volunteer experience.

Attach your essay to this form. The essay is limited to no more than 750 words.

Recommendation: Carefully proof your essay and know that well-done short essays are admired.

Certification Statement:

By signing my name below, I confirm that all information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____

Date: _____

Scholarship will be awarded for 2nd semester of your freshman year in college providing you are still engaged in study of the Medical field