**Dr. Artie Peacher Health Science Scholarship**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Planning to Attend: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Need – In the space provided please check which one indicates your family’s adjusted gross income from last year’s tax return.

 \_\_\_\_\_ Under $15,000 \_\_\_\_\_ $31,000 to $35,000

 \_\_\_\_\_ $16,000 to $20,000 \_\_\_\_\_ $36,000 to $50,000

 \_\_\_\_\_ $21,000 to $25,000 \_\_\_\_\_ over $50,000

 \_\_\_\_\_ $26,000 to $30,000

Number of dependents in your parents’ family including yourself:

 Children \_\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number attending college: \_\_\_\_\_

Extracurricular Activities – Organizations and clubs (show years of involvement; also, please indicate any office held.)

 Honors and Awards:

***What is your intended major in college?***

***Please attach your ACT Scores and Transcript***

 **APPLICATIONS DUE IN GUIDANCE BY MARCH 31, 2023**