

PHYSICIANS GROUP OF NEW ULM, LTD.

APPLICATION FOR PHYSICIANS SCHOLARSHIP

Name: _____
(first) (middle) (last)

Address: _____

Phone Number: _____ Date of Birth: _____

Parents Name: _____
(father) (mother)

Place of Employment: (Father) _____
(Mother) _____

Brothers & Sisters:	Name	Age	Year in School
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Employment: Do you have a job? _____ Employer: _____
Nature of your job: _____
Number of hours per week you work during the school year: _____
Number of hours per week you work during the summer: _____

List the extra-curricular and co-curricular activities you participated in during high school.

What post secondary institution do you plan to attend?

What field of training do you plan to enter?

How many years of education are required to enter this field? _____

What are your expected education expenses for the first year of school? _____
(INCLUDE: tuition, room and board, fees, and books)

