



**IDA REICHARDT MEMORIAL SCHOLARSHIP FUND**

**St. Mark's Medical Center**

**One St. Mark's Place**

**La Grange, TX 78945**

**APPLICATION FOR SCHOLARSHIP**

**A. FAMILY PROFILE**

1. Name \_\_\_\_\_  
Last First Middle
2. Current Mailing Address \_\_\_\_\_  
E-mail address \_\_\_\_\_
3. Permanent Address (if different from above) \_\_\_\_\_
4. Telephone Number \_\_\_\_\_ Social Security No. \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
6. Marital status: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_
7. Father's Name \_\_\_\_\_ Occupation: \_\_\_\_\_
8. Mother's Name \_\_\_\_\_ Occupation: \_\_\_\_\_
9. Please list below all immediate family members (excluding Parent/Guardians):
- | Name  | Age   | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
12. Number of brothers or sisters attending College \_\_\_\_\_
13. List any other scholarships that you have received, or anticipate receiving. (List the name of scholarship and amount, use bottom of back page, if needed)

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**B. ACADEMIC PROFILE**

Name of High School(s) attended: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Name of College(s), & Years attended: \_\_\_\_\_

Degrees or certificates earned \_\_\_\_\_

Proposed, or Present, College Major: \_\_\_\_\_ Full/Part-time \_\_\_\_\_

GPA: \_\_\_\_\_ Transcripts attached YES \_\_\_\_\_ NO \_\_\_\_\_

**C. EXTRACURRICULAR / VOLUNTEER PARTICIPATION**

List activities in which you have been involved after high school and/or college:

Name of Activity / Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List community and/or church activities in which you have been involved

Name of Activity / Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**E. WORK/ EXPERIENCE**

List any employers for whom you have worked

Employer	Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F. SELF-APPRAISAL**

In the space below, explain in a brief narrative why you feel you both need and merit this scholarship, and why you wish to work in the field of medicine.



**G. CERTIFICATION**

I have read and agree to the Scholarship Conditions of this award. I certify that I have applied / been accepted for admission to \_\_\_\_\_ and meet its entrance requirements.  
Name of College

It is my intention to attend this college Full / Part-time (circle one) to further my education.

I will submit a copy of my grades at the end of each semester to the scholarship committee for review.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Note: A personal interview may be requested.