



Krans Henle Scholarship

This scholarship is available for second or third year students with the following criteria:

- Excellent grades, a consent form for register to release grades is required;
- Financial statements including any loan payments, etc;
- Active in student organization(s) geared towards women’s issues;
- Open only to second and third year women students;
- A live interview will be scheduled.

Tell us why you chose the Medical field?

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City		State	Zip	
Phone		Email Address		
Parent Name		Employment		
Parent Name		Employment		
Are you a citizen of the United States?	Yes	No	If no, are yo authorized to work in the U.S.?	Yes No
Have you ever received a grant/scholarship?	Yes	No	If so, when?	
Have you ever been convicted of a felony?	Yes	No	If yes, explain	

EDUCATION					
From	To	Degree	Yes	No	Degree Type
College/University			Address		
From	To	Degree	Yes	No	Degree Type
College/University			Address		
From	To	Degree	Yes	No	Degree Type
Post Graduate			Address		

REFERENCES DUE BY JUNE 11, 2017

Please list three professional references.

Full Name	Relationship
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Dept./Specialty	Phone
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Address

Full Name	Relationship
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Dept./Specialty	Phone
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Address

Full Name	Relationship
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Dept./Specialty	Phone
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Address

EMPLOYMENT PAST AND PRESENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	Yes	No
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Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	Yes	No
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Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?	Yes	No
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MILITARY SERVICE

Branch of Service

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date

Once you complete the application save the file to your hard drive, select Email Application button above. The completed PDF will be attached to an email to: **lpzystowsky@triohm.com**