



INDIANA UNIVERSITY NORTHWEST

Baccalaureate/Medical School Scholarship Application

Instructions

- Please answer all questions in the space provided
- Please attach high school transcripts and SAT/ACT scores.
- Applicants must solicit three letters of reference.
- Recommendations may be from teachers, counselors or administrators. References should use the attached form.
- All parts of this application should be typed.
- Applications cannot be considered unless each part is completed.
- Mail completed applications to:

Selection Committee, BMD Scholarship
Admissions Office, Hawthorn Hall Room 100
Indiana University Northwest
3400 Broadway
Gary, IN 46408-1197

Part One – to be completed by student

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Phone _____

High School _____

High School GPA _____ If other than 4.0 scale, please explain _____

Rank _____ SAT Scores: Critical Reading _____ Math _____

Please indicate your ethnic background:

Asian or Pacific Islander American Indian/Alaskan Native African American
 Hispanic White Non-U.S. Citizen Other

Part Two – To be completed by student

- A. List the significant awards, offices held, employment, interests and activities throughout your high school career which have contributed most to your development.

Name _____ Phone _____

Part Two – to be completed by student

- B. Briefly describe your short and long range goals. Discuss your interest in medicine and your long term career and personal aspirations in the field of primary care.

Name _____ Phone _____

BMD Scholarship Application

Recommendation Letter

Student Name _____

High School _____

Please evaluate this student in terms of leadership, motivation, responsibility, maturity, academic performance to date and academic potential.

Name of Reference _____ Title _____

Address _____

Signature _____ Date _____