

RUSSELL MEDICAL FOUNDATION
SCHOLARSHIP APPLICATION
High School Seniors
Answers must be typed or printed legibly



Russell Medical
FOUNDATION

Last name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Parent Employed at Russell Medical _____

High School Attended _____

High School GPA _____ (Official school transcript required)

ACT or SAT Score _____ (Copy of score sheet required)

College you plan to attend _____

Anticipated Degree _____

References:

Name	Place of Employment	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever volunteered or been employed by Russell Medical ?

If so, give dates and department worked: _____
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Check List:

- ◇ Completed Application
- ◇ Resume including leadership, volunteer and/or work experience
- ◇ High School Transcript
- ◇ Brief summary of your college plans and anticipated career path
- ◇ Three letters of reference, one of which should be from a teacher
- ◇ SAT or ACT score sheet

Selection will be based on academic excellence and leadership qualities.

All applications should be submitted to Judy Wood Administration by April 1, 2026