



# Scholarship Application 2023

Submittal Deadline: Friday, 04/28/2023

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Cell

1. I am applying for the \$500 scholarship from Parker Pediatrics & Adolescents. I understand that the winner will be chosen by an independent panel who do not see any identifying information.
2. I am a graduating senior and am presently, or have been, an active patient at Parker Pediatrics.
3. I plan to enroll in an institution of higher education to pursue a career in the health care field.
4. If I am chosen as a scholarship recipient, I agree to use this scholarship fund to further my education. I also agree to allow Parker Pediatrics to announce my name and use my name and photograph in such media as the local newspaper, Parker Pediatrics' website, newsletter, and/or Facebook page.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE RETURN COMPLETED FORM TO PARKER PEDIATRICS & ADOLESCENTS OFFICE VIA:

MAIL	Parker Pediatrics & Adolescents 10371 Parkglenn Way, Ste 100 Parker, Colorado 80138
FAX	303-841-3052
EMAIL	<a href="mailto:fax@parkerpediatrics.com">fax@parkerpediatrics.com</a>
HAND DELIVERY	Office address shown above

**Do Not Write in this Area – For Office Use Only**  
Applicant Identification Number  
\_\_\_\_\_



**PARKER  
PEDIATRICS &  
ADOLESCENTS, P.C.**

## 2023 Scholarship Application

**Do Not Write in this Area –  
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Applicant Identification Number

\_\_\_\_\_

**Please answer the following questions. Do not use your name or other identifying information.**

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

College or vocational school planning to attend:

Proposed major and/or career:

School activities / community service / work experience:



## 2023 Scholarship Application

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\_\_\_\_\_

Statement of your future goals and plans:

(If more space is needed, continue on additional sheets)