



**Office of Student and Academic Services**

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**Summer Institute Scholarship Application**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street/City/State /Zip)

Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(City/County/State)

Home Town/State/County \_\_\_\_\_

High School Attended \_\_\_\_\_  
(City/County/State)

Career Goals:

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

Academic Goals:

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

Special Needs/Reason for Applying for Scholarship:

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

Signature\*

Date

\*By my signature, I am allowing my financial aid information to be released to the UNTHSC Scholarship Committee.

Applicants must type or print legibly. Form should be emailed to [sph@hsc.unt.edu](mailto:sph@hsc.unt.edu) or faxed to 817-735-2619. Applicants will be notified via email of their award status.