



The Ned Snead Memorial Scholarship Fund Health Sciences Application

Edwin deSteiguer “Ned” Snead (1929-2015) had three daughters and was an outspoken proponent of advanced education for women. Although women have made great strides in many academic areas, we are still under-represented in the sciences. His daughters would like to honor his memory by encouraging female high school students who demonstrate interest in health sciences by granting one \$2,500 scholarship for the 2022-2023 collegiate school year.

An applicant must be a female high school senior who plans to pursue a health science course of study and who has been accepted and enrolled in an accredited college or university for 2022. She must have participated in health and sciences courses at GHS, EVHS, or Richarte, or otherwise have demonstrated interest in a career in the medical field. We will also consider students applying from other Texas high schools. Preference will be given to students who demonstrate some financial need.

One \$2,500 scholarship will be awarded for the 2022-2023 academic year. Upon completion of the first year of college, recipients may re-apply for the scholarship for 3 subsequent years by submitting an official transcript showing a minimum course load of 12 hours of credit per semester successfully completed towards a health sciences degree and a GPA of at least 3.0 (of 4.0).

Please submit your application as a single PDF file to scholarships@chisholm-trail.org by May 16th to be considered. You will be notified by June 3rd of your scholarship award status.

General Eligibility: Applicants must meet all of the following criteria.

- A female high school senior planning a health science course of study
- Has participated in health and science courses or has otherwise demonstrated commitment to pursuing a health sciences curriculum
- Has been accepted and enrolled in an accredited college or university for the upcoming year
- Must have a minimum 2.5 GPA in high school
- Must submit at least one letter of recommendation from a teacher (or teachers) who can evaluate the student’s writing and speaking abilities
- Must submit a 600 word essay (approved essay topics listed in application)
- Attach an official high school transcript

Personal Information:

Name: _____

Address: _____

Phone # _____ Other phone # _____

E-mail: _____

Date of birth: _____

Academic information:

High school: _____

Planned course of study and area of interest: _____

Colleges and universities to which applicant has been accepted: _____

Family information:

Father employed by: _____

Father's approximate annual income: _____

Father's highest level of education: _____

Mother employed by: _____

Mother's approximate annual income: _____

Mother's highest level of education: _____

Number of children in family: _____

Extracurricular activities: Please include sports, clubs, community service, employment, awards and honors, etc. Use an additional page if necessary.

Transcript: Please attach your official high school transcript when submitting this application. Please black out or remove your social security number.

Letter of Recommendation: Please submit a letter of recommendation from at least one teacher.

Essay: Please submit a typed written 600-word essay with your application answering one of the following essay prompts. Essays are heavily weighted in our consideration process, so please make sure to write grammatically and thoughtfully. As you compose your essay, consider elaborating on any specific hardships you have overcome, which have inspired your interest in the field and/or would be aided by a degree in your chosen field.

1. Describe briefly any experiences and/or skills that have made you more sensitive or appreciative of other cultures or the human condition.
2. If you could solve one medical problem facing the world today - what would it be?
3. Explain what experiences you've had that have motivated you to pursue a degree in the health sciences. What are your short-term/long-term goals in pursuing a Health Science degree?

Other Scholarships Awarded:

Verification: I hereby certify that all the information in this application is correct to the best of my knowledge. I understand that an incomplete application will not be considered.

Signature: _____

Printed Name: _____

Date: _____

To be completed by Counselor/Registrar:

GPA _____ Class Rank _____

Overall Estimate of Counselor as to this Student's Chance of Success in College:

Excellent _____ Good _____ Fair _____ Poor _____

Counselor/Registrar Initial _____ Date _____