

WORK HISTORY

Additional pages may be attached

Job Title _____

Place of Employment _____

Dates of Employment _____

Name of Supervisor _____

Supervisor's Phone Number _____

Briefly describe your duties _____

Job Title _____

Place of Employment _____

Dates of Employment _____

Name of Supervisor _____

Supervisor's Phone Number _____

Briefly describe your duties _____

Job Title _____

Place of Employment _____

Dates of Employment _____

Name of Supervisor _____

Supervisor's Phone Number _____

Briefly describe your duties. _____

VOLUNTEER EXPERIENCE

HONORS/AWARDS

TRANSCRIPTS

An official transcript from all institutions listed

ACADEMIC TESTING / SCORES

Copy of ACT or SAT- May be included on high school transcript.
MCAT – If applicable

ESSAY

Using at least 250, but not more than 500 words, describe why you should receive the Turner Medical Scholarship.

REFERENCES

Include at least two letters of reference from people who are not relatives

FINANCIAL INFORMATION

1. A copy of the first 5 pages of the parents 2025 income tax return. **Parental information is required. Failure to provide parental financial information will result in an incomplete application and not considered.**
2. The attached Financial Aid Information Request Form, signed by the Director of Financial Aid at the student’s college or university.

I certify that the enclosed information is true and correct. All references and information provided may be verified. If selected, the Houston County Medical Society may use my name in association with the Dr. Wilson Hudson Turner and Sara Elizabeth Turner Medical Scholarship.

Applicant’s Signature

Date

