

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 2024-2025 collegiate school year.

An applicant must be a female identifyinghigh 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 2024. She must have participated in health and sciences courses at GHS, EVHS, or Richarte in Georgetown TX, Brady High School in Brady TX, or Ann Richards School for Young Women Leaders in Austin. We will also consider exceptional 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 2024-2025 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 April 19th to be considered. You will be notified by May 17th of your scholarship award status.

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

- A female identifying 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 (must be legible!):	
Date of birth:	
Academic information:	
High school:	
Planned course of study and area of interes	st:
Colleges and universities to which applicant	t 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 honors, etc. Use an additional typed page if	sports, clubs, community service, employment, awards ar f 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 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 (include amount):	
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 InitialDate	