

Pratt County Medical Society Scholarship Application Form

Please fill this form and someone will call you to schedule a shadow date.

Name:

Address:

Phone:

Date of Birth:

High School:

Circle the medical specialty you are interested in shadowing:

Internal Medicine

Surgery

Family Practice

Circle the healthcare professional you are interested in shadowing:

Physician

Physician Assistant

Nurse

Nurse Practitioner

Best day and time for shadowing:

Future plans:

Hobbies:

List any experiences or contacts you've had in the medical field:

*Please return this application to Kim Stivers at Pratt Regional Medical Center
200 Commodore, Pratt, KS 67124, (620) 450-1444*