



Pain Specialists of Charleston, P.A.

Get back into life

2015 Pain Specialists of Charleston Scholarship Application

Please submit your application no later than April 3rd, 2015

Name	
High School	
County	
Home Address	
City, State, Zip	
Home Phone #	
Email Address	
Gender	
Date of Birth	

Activities Involvement

Please list your high school activities (including student government, associations, clubs and other school organized activities):

Activities:

Positions of leadership:

Honor or awards:

Special achievements:

Community and Religious Involvement

Please list any community and/or religious activity involvement during high school:

Activities:

Positions of leadership:

Honor or awards:

Special achievements:

Future Pursuits

Where have you applied to college or university? (*Please include Name, City, State, and Status of Application for each*)

What field of study do you plan to pursue?

What is your ideal career?

Essay Portion

(500-1000 words. Please submit with application.)

Please write a 500 – 1000 word essay on what it means to give back to your community. Explain how volunteerism has shaped your character and how you plan to continue “giving BACK” as you transition into college.

Release:

I, _____ certify that these answers are my own and this essay is my own work.

I understand my personal information and application answers will be kept strictly confidential.

Signature of Applicant _____

Please send completed application, transcript and letter of reference to:

Pain Specialists of Charleston, PA
Attention: 2014 Scholarship
2695 Elms Plantation – Suite A
Charleston SC 29406