



Richard L. HEIN SCHOLARSHIP

Medical Professional Scholarship

Applicant Information

Applicant Name: _____ E-mail: _____

Mailing Address: _____
Street or PO Box City State Zip

Home Phone #: _____ Cell Phone #: _____

Applicant lives with: (check one)

☐ Both Parents ☐ Father ☒ Mother ☐ Guardian ☒ Self ☐ Partner

Tennessee Technological University GPA: _____ Age: _____

University GPA:

In the space below, please list any clubs, sports, and outside activities (such as church) you participated in during your time at Tennessee Technological University and outside of Tennessee Technological University. Please list how many years you have participated.

In the space below, write what you want to accomplish in life and why you want to go into the medical profession.

This is to certify that I have known _____ for at least one semester. I further testify that the applicant has shown a definite interest in furthering his/her education in a medical profession and would be deserving of this award.

Tennessee Technological University Professor: _____

Please attach:

1. Your Transcript.
- 2, You will need to obtain two recommendation letters, one from a Tennessee Technological University professor and the other from anyone that knows you on a personal or professional level.

Applicant: _____ Date: ____/____/____

This form must be turned in by July 10, 2023.

Please submit to:

Richard L. Hein Scholarship
Fairfield Glade Permanent Endowment Committee
Fairfield Glade UMC
231 Westchester Drive, Crossville, TN 38558