HIGHLAND FOUNDATION LALITHA CHADA STEM SCHOLARSHIP APPLICATION

Name: _____ Date: _____

Address: _____ City, Postal Code: _____

Educational Institution: _____ Phone Number: _____

Intended Field of Study: _____ E-mail: _____

Describe below or on a separate sheet of paper your intended course of study, why you have chosen to pursue this area of study, and your educational and career goals.

Please share any unusual or exceptional science activities, projects or experiences that you have completed or been involved with.

Is there anything else that you would like the Scholarship Committee to know about you as they review your application?

Application due to the HHS Counseling Department by March 6.