



The Dr. Sam Barnes Kaplan Review Scholarship

Kaplan Review Course

Sam Houston State University

SCHOLARSHIP APPLICATION

(Please Print Legibly)

Name _____ Date of Application _____
Last First Middle Initial Mon/Day/Year

Sam Houston State University I.D. No. _____ Email Address _____

(_____) Texas Resident? Yes No
Area Code and Cell Phone Number

Permanent Address _____ Mailing Address _____

Street Apt. # Street Apt. #

City TX State Zip City TX State Zip

Cumulative GPA: _____ SHSU GPA: _____ Number of hours completed at SHSU: _____

Please describe your time-line for taking the MCAT and applying to medical school:

Date

Applicant's Signature

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