**Scholarship Recipient Questionnaire**

Please complete the questions below and return along with the thank you letter to donors. Please note that your answers may be shared with scholarship donors.

1. **What is your name?**
2. **Where are you from?**
3. **What is your program of study? What first interested you in your program of study?**
4. **Why did you choose Morehouse School of Medicine?**
5. **What do you hope to accomplish after graduation?**
6. **What are your talents, hobbies, and interests? Do you volunteer with any organizations? Provide some details.**
7. **What have you accomplished that you are most proud of? Why is it your greatest accomplishment?**
8. **What does this scholarship mean to you?**
9. **What would you like to say to the donor(s) who provided this scholarship?**
10. **Is there anything you’d like to add?**