

Catherine L. Wyman Memorial Scholarship
For Students Interested In A Medical Related Career

Applicant's Name

Date of Birth

Applicant's Address

Parent's or Guardian's Name

Parent's or Guardian's Address

List participation in extra-curricular activities

Honors received (class officer, NHS, etc.)

Other activities (community, church, 4-H, etc.)

What school do you plan to attend?

In what way will your schooling qualify you for a job?

What is your ultimate goal after completion of training?

Number of younger brothers and sisters.

What self-support work have you done while in high school?

What plans have you made to finance your education?

References:

1. Address
2. Address
3. Address

Please write a brief statement giving your reason for applying for this scholarship.

Date