

MERTEN AND GERALDINE WHYMAN HEALTH CAREERS SCHOLARSHIP APPLICATION

(APPLICATION MUST BE POSTMARKED BY April 1)

Name _____

Date of Birth _____ Clinton County Resident _____ Years

Address _____ City _____ Zip _____

Parents' Names _____

Email Address _____ Phone _____

School(s) Attended _____

Anticipated Graduation Date: _____

Grade Point Average (7th semester, if high school senior) _____

(Final GPA, if graduate) _____ (Accumulative College GPA) _____

Please include recent transcripts

School Planning to Attend _____

Planned Course of Study _____

Courses taken that relate to this career _____

Have you applied for or received other grant(s) Yes _____ No _____

(If yes, please list) _____

WORK EXPERIENCE (Please list any part-time or full-time employment you have had during the past two years. Please provide dates.)

LEADERSHIP/INITIATIVE (A listing of activities, offices held, accomplishments, and awards and honors. Describe a situation or circumstance where you have provided leadership and the outcome.) _____
