

No handwritten or duplexed applications. Please answer all questions completely. This application must be POST-MARKED to CRMC no later than Monday, April 8, 2024, or HAND-DELIVERED to CRMC no later than 3:30 p.m. on Monday, April 8, 2024. Late applications will not be considered. Minimum ACT score of 20 required. If completed online, form must not be altered, distorted or lengthened. See Page 3 for further information. Please denote clearly if either one of your parents is an employee of Cameron Regional Medical Center under "Occupation" section below.

NAME _____
First Middle Last

TELEPHONE _____
E-mail Address _____

ADDRESS _____
Street City State Zip Code

COUNTY OF RESIDENCE _____ HIGH SCHOOL _____ DATE OF BIRTH _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

LIST SIBLINGS, AGES, & WHETHER THEY ARE IN COLLEGE _____

In the space below, briefly summarize your school, church, and community activities. List organizations in which you are active and any offices held.

Please list any special honors received, including those from academics, extra-curricular activities, and athletics.

SCHOOL YOU PLAN TO ATTEND _____

Name

Address

City

State

Zip Code

CAREER PLANS _____

DATE YOU PLAN TO ENTER COLLEGE _____

TYPE OF HOUSING: _____ COMMUTE _____ LIVE WITH RELATIVES/FRIENDS _____ DORMITORY

_____ FRATERNITY/SORORITY _____ LIVE OFF CAMPUS

PLEASE LIST BELOW THE EXPENSES YOU ANTICIPATE AND THE RESOURCES YOU HAVE FOR MEETING THESE EXPENSES.
COSTS SHOULD BE FOR THE SCHOOL YEAR, AUGUST THRU MAY.

Tuition, Fees _____	Personal Savings _____
Room, Board _____	Summer Employment _____
Other Fees _____ (Lab, music, etc.)	Estimated Contribution from Parents _____
Books/Supplies _____	Loans _____
Personal _____ (Clothing, recreation, medical, etc.)	Benefits _____ (Veterans, Social Security, etc.)
Transportation _____ (Round trips/Commute miles)	Scholarships _____
Other expenses _____	Other resources _____
TOTAL \$ _____	TOTAL \$ _____

What advanced math and science classes have you taken in high school? _____

Why are you choosing the medical field as a career? _____

Indicate what you have done in planning ahead to help meet your anticipated college expenses. How have you earned or saved money, and what will be your plans for the coming summer? _____

The applicant, by signature below, certifies the information herein contained to be both true and accurate to the best of his/her knowledge. The applicant also herewith consents that the Scholarship Committee of CRMC may be fully informed as to the applicant's scholastic standing, character, and other factors having a bearing on this application.

APPLICANT'S SIGNATURE

ACADEMIC INFORMATION
(to be completed by Counselor/Principal)

Class Rank _____/_____ Seniors GPA _____ on a 4.0 Scale

ACT Test Results:

Raw Score: ENG _____ MATH _____ READING _____ SCIENCE _____ COMP _____

Percentile: _____ _____ _____ _____ _____

Date Completed

Signature of Counselor/Principal

Telephone No.



PLEASE READ ALL INSTRUCTIONS CAREFULLY. Except for CRMC employees' children, applicant/student must reside in Caldwell, Clinton, Daviess, Dekalb, or Harrison County in order to be eligible. This application must be postmarked to CRMC no later than Monday, April 8, 2024, or hand-delivered to CRMC no later than 3:30 p.m. on Monday, April 8, 2024.

This application is available at cameronregional.org/scholarships; however, no electronic submission of the completed application is possible. The completed application must be mailed via USPS or delivered in person as outlined above.