



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

**2026**

**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 Friday, April 3, 2026, or hand-delivered to CRMC no later than 3:30 p.m. on Friday, April 3, 2026.**

**This application is available at [cameronregional.org/scholarships](http://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 to CRMC as outlined above.**

**This is a renewable health care scholarship. If you are a recipient of the scholarship in 2026, it has the potential to be renewed in 2027, 2028, and 2029, provided certain established criteria are met.**