

Leonard Cain Medical Scholarship Student Scholarship Application

Applicants Name

Physical Address

Mailing Address

Home Phone Number

E-Mail Address

Social Security Number

(Requested for identification purposes at college)

Please share with the Southwest Memorial Hospital Foundation Scholarship YES NO

Parent/Guardian Name

Current Grade Point Average (4.0 scale)

Identify High School and year of graduation below: Year of GED:

Dolores High School

Dove Creek High School

Mancos High School

Montezuma-Cortez High School

Southwest Open School

Field of study you plan to pursue:

School you plan to attend:

Attach the following information to this Student Scholarship Application:

- Academic performance
- Current college entrance examination scores
- Two letters of reference from a teacher, counselor, or employer
- Documentation of high school and/or community activities or service
- A written essay that describes educational objectives and financial need

NOTE: The Scholarship Committee will not consider this application if it is hand written, if information is missing, and/or the application is incomplete.

Applicant Signature:

Date:

Submit application form and all requested supporting documentation to:

Leonard Cain Medical Scholarship

33 N. Chestnut, P.O. Box 26, Cortez, CO 81321, (970) 565-9200 (phone), (970) 565-0264 (fax),
chuck@onwardfoundation.org (note Leonard Cain Scholarship Application in the subject line).