



Memorial Medical Center

Neillsville, Loyal, Greenwood

Care...at its best

Memorial Medical Center Scholarship Application

Please type or print your answers. If application is illegible it will be discarded.	
1.	Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip Code: _____
3.	Date of Birth: _____
4.	Name and city of high school attended: _____
5.	List the school you have been accepted at and are attending in the Fall: _____
6.	What specialty/major do you plan to pursue? _____
7.	Grade Point Average (GPA): _____
8.	Class Rank: _____ out of _____
9.	Are you or have you ever been a volunteer or employed through MMC? _____ If "yes", please describe: _____
10.	If you are currently employed, please list where you work and how many hours a week. _____
11.	Please list parent(s) names. _____

ACADEMIC & EXTRACURRICULAR

11.	High School honors and awards (honor roll and grade point average):
12.	Extracurricular school activities (include offices held) :
13.	Extracurricular community activities (include offices held):
14.	Volunteer work you participated in:
15.	Please tell us why we should choose you to be the recipient of our scholarship: