

**APPLICATION FOR COE FOUNDATION SCHOLARSHIP**

Dear Applicant:

Each year \$3,000.00 is given to the recipient of the Coe Foundation Scholarship. To be eligible for this scholarship, the applicant must be a graduating senior and must live in the West Park Hospital District. The scholarship is only available to students who plan to major in pre-med or nursing.

All scholarship applications must be received at the following address BEFORE May 1st.

Mail to:

Cody Medical Foundation  
721 Sheridan Avenue  
Cody, Wyoming 82414

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_

PARENTS \_\_\_\_\_ PARENTS' OCCUPATION \_\_\_\_\_

GPA \_\_\_\_\_ TEST SCORES \_\_\_\_\_

MAJOR FIELD OF STUDY CHOSEN \_\_\_\_\_

OTHER SCHOLARSHIPS RECEIVED \_\_\_\_\_

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION? \_\_\_\_\_

WHY HAVE YOU CHOSEN TO GO INTO MEDICINE? (Do not write on the back of this application. Use additional pages if necessary.)

WILL YOU CONTINUE THIS COURSE OF STUDY THROUGHOUT YOUR COLLEGE CAREER? \_\_\_\_\_

WHAT COLLEGE DO YOU PLAN TO ATTEND? \_\_\_\_\_

CAN YOU BE AVAILABLE FOR AN INTERVIEW? \_\_\_\_\_

ATTACH THREE LETTERS OF REFERENCE FROM PEOPLE WHO RESPECT YOU AND KNOW OF YOUR CHARACTER. DO NOT SUBMIT MORE THAN THREE REFERENCES.

PLEASE ATTACH A PICTURE OF YOURSELF TO THE FRONT PAGE.