

Dear Applicant:

Each year the Cody Medical Foundation awards \$1,000 grants to qualified students. To be eligible for these grants, the applicant or his parents must live in West Park Hospital District. The Foundation further requires that one year of college work be completed before application is made and that a college transcript is included when submitting the scholarship form. All scholarship applications must be received at the following address before August 1st. Mail to:

CODY MEDICAL FOUNDATION
1108 14th Street #422
Cody, Wyoming 82414

1. Name: _____ Birth Date: _____

2. Permanent Mailing Address: _____
Street City State Zip Code

3. Marital Status: _____ Children: _____

4. Applicant's Employment Experience. (List most recent first)

Employer	Type of Work	Date	Amount
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

5. Student's Own Assets:

Nature of Assets	How Obtained	Value	Unpaid Balance
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

6. Estimate of Expenses for Year:

Fees and Tuition	\$ _____
Personal	_____
Board and Room	_____
Other	_____
Total	\$ _____

7. Funds Available for Student from:

	Source	Amount
Parents		\$ _____
Student's Assets		_____
Summer Wages	_____	_____
Grants	_____	_____
Scholarships	_____	_____
Educational Loans	_____	_____
Work Study	_____	_____
Social Security Benefits	_____	_____
G.I. Benefits	_____	_____
Any Other Sources of Income	_____	_____
Total		\$ _____

8. Estimated amount of additional financial help needed for school year.
(Item 7 less item 8) \$ _____

(OVER)

9. Please state why this request for funding of your education cannot be obtained from another source.

10. Prior Educational Background
Medical School or College
Major Course of Study
Years of Training now completed
GPA

11. Write a brief statement telling of your goals in the medical profession.

Statement:

I hereby certify that the above information is true to the best of my knowledge.
It is necessary that I obtain financial assistance in order to complete my education.

Dated: _____

Student's Signature