

# Megan Pothen Graham Memorial Scholarship Application

\$500 Annual Scholarship paid after one semester of satisfactory progress – must be academically eligible for next term.

**Name of Scholarship Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

## SCHOLARSHIP CRITERIA

- **Economic Need.**
- **Work History during High School.**
- **Attending any higher educational public institution.**
- **Preference to single parent household.**
- **Preference to Seniors pursuing a Registered Nursing Degree**

1. Please state why you feel the economic need to receive this scholarship:

2. List your work history during your high school years with places and dates:

3. Do you plan on furthering your education at a public institution of higher education?

\_\_\_\_\_ YES          \_\_\_\_\_ NO

Where? \_\_\_\_\_

Intended major? \_\_\_\_\_

4. Are you from a single parent household?          \_\_\_\_\_ YES          \_\_\_\_\_ NO

*Please attach an additional sheet if necessary. Please submit your application along with the Centennial of Education Scholarship Packet.*