



Dear Applicant:

Each year the Cody Medical Foundation awards \$1,000 grants to qualified students. To be eligible for these grants, the applicant or their 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 10th.

Email or mail the completed form to:

Cody Medical Foundation
Phone: 307-250-0454
Email: marty@codymedicalfoundation.org
Mailing: 1108 14th Street #422, Cody, Wyoming 82414

NAME: _____ **BIRTHDATE:** _____

PERMANENT MAILING ADDRESS: _____

WHAT COLLEGE DO YOU ATTEND? _____

GPA _____ **YEAR IN COLLEGE** _____ **# OF YEARS COMPLETED** _____

MAJOR FIELD OF STUDY CHOSEN: _____

WHY HAVE YOU CHOSEN TO GO INTO MEDICINE? (Use Additional Pages If Necessary) _____

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

OTHER SCHOLARSHIPS RECEIVED: _____

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION: _____

APPLICANT'S EMPLOYMENT EXPERIENCE: (List Most Recent First)

EMPLOYER	TYPE OF WORK	DATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENTS OWN ASSETS:

NATURE OF ASSETS	HOW OBTAINED	VALUE	UNPAID BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATE OF EXPENSES FOR YEAR:

Fees & Tuition	\$ _____
Personal	\$ _____
Room and Board	\$ _____
Other	\$ _____
TOTAL	\$ _____

FUNDS AVAILABLE FOR STUDENT FROM:

	Source	Amount
Parents	_____	\$ _____
Student's assets	_____	\$ _____
Summer Wages	_____	\$ _____
Grants & Scholarships	_____	\$ _____
Educational Loans	_____	\$ _____
Work Study	_____	\$ _____
G.I. Benefits	_____	\$ _____
Other	_____	\$ _____
TOTAL		\$ _____



Estimated amount of additional financial help needed for the school year. **TOTAL \$** _____
(Subtract Funds available to student from Estimate of Expenses for Year)

PLEASE STATE WHY THIS REQUEST FOR FUNDING FOR YOUR EDUCATION CANNOT BE OBTAINED FROM ANOTHER SOURCE.

WRITE A BRIEF STATEMENT TELLING OF YOUR GOALS IN THE MEDICAL PROFESSION.

ARE YOU AVAILABLE FOR AN INTERVIEW? _____

- ✓ **ATTACH THREE (3) LETTERS OF REFERENCE FROM PEOPLE WHO RESPECT YOU AND KNOW OF YOUR CHARACTER. DO NOT SUBMIT MORE THAN 3.**
- ✓ **PLEASE INCLUDE A PICTURE OF YOURSELF THAT WE CAN USE ON OUR WEBSITE AND MAILINGS.**

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.

STUDENT'S SIGNATURE

DATE