

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/her parents must live in the 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/P.O. Box City State Zip Code

3. Permanent Residence & Legal Address: _____
Street City State Zip Code

4. Parents' Name & Mailing Address: _____
Street /P.O. Box City State Zip Code

5. Parents' Permanent Residence & Legal Address: _____
Street City State Zip Code

6. Marital Status: _____ Children: _____

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

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

8. Student's Own Assets:

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

9. Estimate of Expenses for Year:

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

10. 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	_____	_____
Trust Funds	_____	_____
Any Other Sources of Income	_____	_____
 Total		 \$ _____

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

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

13. Prior Education Background
- High School
 - Medical School or College
 - Major Course of Study
 - Years of Training now completed
 - GPA
 - ACT or SAT Score

14. Write a brief statement telling of your goals in the medical profession and post graduation plans.

Statement:

15. Please include three letters of reference.

16. After receiving the grant, we require you to submit an annual report of your career advancement.

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