

KIRK R. DYE MEMORIAL MEDICAL SCHOLARSHIP
Application Form

1. Name of Applicant _____

2. Post Secondary School you will be Attending _____

3. Area of Study _____

4. Grade Point Average at the End of Most Recent Semester _____

5. Why are you applying for this Scholarship? _____

Student Signature _____

Please return this form to the Guidance Counselor's Office by April 15th