

CAMEO CLUB GFWC

****DR. YOLAND CONDREY HEALTHCARE SCHOLARSHIP APPLICATION**

FULL NAME _____

ADDRESS _____

PHONE _____ CELL PHONE _____

e-mail address _____

PARENT/GUARDIAN NAME _____

PHONE _____ CELL PHONE _____

HIGH SCHOOL _____ GRADUATION YEAR _____

COUNSELOR _____ G.P.A. _____

WHERE DO YOU PLAN TO ATTEND COLLEGE? _____

WHAT FIELD OF HEALTHCARE DO YOU INTEND TO PURSUE? _____

HOW HAVE YOU PREPARED YOURSELF FOR YOUR CHOSEN FIELD? _____

WHY SHOULD YOU BE CONSIDERED FOR A CAMEO CLUB SCHOLARSHIP?

GROSS INCOME FROM LAST TAX RETURN:

SIGNATURE _____ DATE _____

****A renewable semi-annual scholarship for up to four years, fall and spring semesters with a 3.2 GPA @ \$500 per semester.**