



LYNN ADAMSON MEMORIAL SCHOLARSHIP APPLICATION

Section I: Personal Contact Information

Name:
Email Address:
Mailing Address:
City & Zip Code:
Phone Number:

Section II: Education Information

School Name:			
Program/Major:			
City & Zip Code:			
Cumulative GPA Average:			
Degree to be Conferred:			
Expected Graduation Date:			
Prior Degree/s obtained:			
School:	City:	Degree:	Year (YY):
School:	City:	Degree:	Year (YY):
School:	City:	Degree:	Year (YY):

Section III: Reference Contact Information

Reference Name:
Position Title:
Organization:
Email Address:
Phone Number:

Section IV: Personal Essays

Please answer each the questions below in 100 words or less. Answers that exceed the maximum word count will not be considered.

- 1) Describe your perception of the key challenges facing health care today.**
- 2) How will your work/volunteer activities, as well as your academic course work, prepare you as a professional within the health care climate that you have just described?**
- 3) What contributions have you made for advancing women in the healthcare industry?
(250 words Max)**

Section V: Certification and Signature:

By entering my name below, I affirm that all of the above stated information is true and correct to the best of my knowledge.

Name:

Date: