

Good Shepherd Medical Center - Marshall
POLLY CARGILL NURSING SCHOLARSHIP

APPLICATION

Please type or print.

PERSONAL INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Social Security # _____

ACADEMIC INFORMATION

High School Attended _____

Date of High School Graduation or GED _____

College Attended _____

Date of College Attendance _____

____ **Complete college transcript(s) must be attached.**

ACTIVITIES

Extracurricular activities during High School or College:

Community Service:

Anticipated date of graduation or completion of nursing education: _____

