

## The Cheryl K. and James R. Frank Memorial Scholarship

Name of Student \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Institution of Choice \_\_\_\_\_

Approximate cost including room/board/tuition \_\_\_\_\_

### Family information:

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

Phone Number of Parent or Guardian \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Gross Family Income \_\_\_\_\_

Number of family members enrolled in college for next year (including applicant, parents, brothers, & sisters) \_\_\_\_\_

Number of other dependent children \_\_\_\_\_

Ages of dependent children \_\_\_\_\_

Are there any special circumstances, other than income, that should be considered, such as education or other debts, loss of income, illness, etc.?

---

---

---

It should be noted that this scholarship is limited to those entering a career in health services or veterinary medicine. On a separate sheet of paper, please write a brief description of your professional or occupational plans and a brief biography of yourself, including extracurricular activities and work experiences.

This application must be submitted with a current transcript and turn in to your guidance counselor.

**Deadline is March 26, 2010**

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of Parent/Guardian  
Signature of Student if over 21