

Gladys M. Bigger Memorial Scholarship
DUE APRIL 20

Name: _____

Address: _____

Phone
Number: _____

Cumulative Grade Point Average: _____

Academic Honors: _____

Extra-Curricular Activities: _____

Citizenship and Community Involvement: _____

A one page essay stating the reasons why you want to enter the health field, two letters of recommendation, a current transcript, and this form must all be sent to:

Barry Bigger
1704 State Hwy 116
Media IL 61460

This form must be signed and dated by the applicant. By signing the application, the applicant hereby grants permission for the committee to verify information provided on this application with proper school authorities.

Name

Date