

Thomas and Batterton Medical Scholarship Requirements

For a new applicant to be considered for the scholarship, we must receive the following : a letter from the applicant about themselves (this can include who they are, where they are in their program, what led them to this path, and anticipated graduation date), 2 letters of recommendation, acceptance letter to the professional part of the program (i.e. Acceptance letter to nursing school) up to date transcript, tuition statement and class schedule.

Established guidelines as to who is eligible for Thomas and Batterton funds.

- A. Individuals enrolled in accredited medical schools beyond the undergraduate level; the “professional” part of the program.
- B. Individuals studying to be a Registered Nurse (RN) but only in their last two years of the four year program.

EDUCATIONAL ASSISTANCE
2019-2020 Application

NAME _____
ADDRESS _____ City _____
STATE _____ ZIP CODE _____

DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____
PHONE# _____ EXTRA CONTACT NUMBER# _____
E-MAIL ADDRESS _____

Which high school did you graduate from? Bourbon _____ Paris _____ Bo. Christian Academy _____ Home _____
Year _____ GPA _____ Composite ACT score _____

School attending _____ Student ID# _____
Address _____ State _____ Zip Code _____
Phone # _____ E-Mail _____

Enter **SEMESTER** educational expenses for the term you are applying for:

TUITION _____
ROOM _____
MEALS _____
BOOKS _____
COMMUTING (if applicable) _____

OTHER EXPENSES:

(DESCRIBE)

(COST)

TOTAL EXPENSES FOR THE SCHOOL YEAR _____

STUDENT information (list your past honors, programs, activities, etc.)

LIST ALL SCHOOL GRANTS AND LOANS YOU WILL RECEIVE THIS SCHOOL YEAR:

Name of Source

Amount

TOTAL _____

What KEES money do you receive? _____

Which post-secondary institutions have you attended, and identify your years of attendance, course of study and GPA:

WORK ACTIVITIES:

Identify all employment including your employer, the type of work performed, how many hours per week you work(ed) and your rate of pay:

Describe the course of study you plan to follow, your proposed occupation or profession and any other abilities you have that were not previously mentioned on this form.

Signature of Applicant _____ DATE _____
