

GEORGE E. AND ZATHA E. LAWRENCE SCHOLARSHIP TRUST
Scholarship Application

Eligibility Requirements

The applicant must be:

1. A prospective graduate of Smith Center High School.
2. Pursuing a post-secondary education for (a) college, (b) vocational-technical school in a health related field, (c) medical school, or (d) other post-secondary study in any medically related field other than mental health
3. Ranked in the top one-third of the class.

Note to the applicant: **The scholarships may be used for any field of study, including liberal arts, but preference shall be given to a student in a medically related field.** Any medical health post-graduate study shall be proper for scholarship except chiropractic or mental health (i.e. psychiatry, psychology or other psychotherapeutic field). If awarded, the scholarship is an automatically renewable 4 year scholarship not to be terminated unless a certain level of academic achievement is not met. However, the monetary amount of the annual scholarship may vary from year to year and the student must provide a copy of the college transcript for each renewal year.

Name: _____

Address: _____

City, State, and Zip: _____

Home Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Senior Class Rank: _____

Cumulative High School G.P.A.: _____

College, university or medical school planning to attend: _____

Attach to this application the following information:

- Certified or photocopy of high school transcript.
- A short essay stating educational goals, plan for achieving goals and a general statement of the reasons for choosing the specific field you wish to pursue as a course of study.
- A list of scholastic, extracurricular activities, work history, achievements and accomplishments.

An application will be considered incomplete if the required information is not provided. Please return the completed application and accompanying documents on or before April 1st to:

GEORGE E. AND ZATHA E. LAWRENCE SCHOLARSHIP TRUST
The Peoples Bank
PO Box 307
Smith Center, KS 66967

Signature: _____

Date: _____