

## **CINDY ASPLUND MEMORIAL SCHOLARSHIP**

Through the generosity of Cindy's high school classmates, friends, family and associates, a scholarship is available to a graduating senior entering a medical science field in a baccalaureate degree program. Monies will be dispersed by the committee to your university biannually upon receipt of your certificate of registration.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

PARENTS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

Brothers and sisters and ages \_\_\_\_\_

School you plan to attend \_\_\_\_\_

Course of study \_\_\_\_\_

Please include a list of activities and organizations you are active in both in school and the community. What offices did you hold? Please use an additional sheet of paper.

Prepare a short statement of yourself and why you have selected this science field for your profession.

Please include a copy of your high school transcripts.

We will need three letters of recommendation from teachers, clergy, business people or other associates.

Applications should be mailed no later than March 30<sup>th</sup> to:  
Cindy Asplund Memorial Scholarship Committee  
407 17<sup>th</sup> Avenue  
Bloomer, WI 54724