



## Wilma Potter Scholarship Application

### General Information

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*First Name*

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*Last Name*

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*Birth Date*

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*Street Address*

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*City*

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*State*

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*Zip Code*

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*Phone Number*

---

*E-mail Address*

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*Parent's Name*

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*Parent's E-Mail Address*

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*Patient's Name*

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*Relationship to Patient*

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*Dates Stayed at RMHD*

### Academic Information (Attach additional pages as needed)

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*Name of High School*

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*Graduation Date*

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*GPA/Class Rank/Class Size*

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*SAT or ACT Score*

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*High School Counselor's Name, email and telephone number*

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*College or Institution you plan to attend/are attending*

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*Intended Major/Minor*

If you are already enrolled in college, please answer the following questions:

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*# of hours completed*

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*Current # of hours enrolled*

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*Cumulative GPA*

**Extra-Curricular Activities** (Attach additional pages as needed)

List any community service activities in which you have participated and describe your involvement.

*Date            Group/Organization or Activity Name    Brief Description/Hours            Position (if applicable)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any awards, honors or special recognitions you have received while in high school or college.

*Date                                    Award/Honor/Special Recognition*

_____	_____
_____	_____
_____	_____

List any school or community activities that you have participated in during high school/college.

*Date            Group/Organization or Activity Name    Brief Description/Hours            Position (if applicable)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Financial Information**

\_\_\_\_\_                                    \_\_\_\_\_                                    \_\_\_\_\_  
*Total income as reported on parent's tax return    # of adults in family                    # of dependent children*

\_\_\_\_\_                                    \_\_\_\_\_                                    \_\_\_\_\_  
*Number of dependent children in college    Estimated annual college/school costs    Total cost for 4 years*

List all other scholarship/programs to which you have applied/received for assistance with educational expenses (please include dollar amounts and note if received or requested):

_____
_____
_____

**Essay** *(Print out and attach separately)*

Applicants must submit a personal statement that provides information about their background and academic or career goals. What strengths do you possess that will allow you to be successful next year in school. Please include information in your essay about unique financial or personal circumstances that should be considered by the committee in making a selection. (Please limit essay to 1000 words)

**Sign Your Application**

My name, signed below, is my agreement that I have personally prepared this application and certify that it accurately reflects my work.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian's Signature (required if applicant is under 18 years old)*

\_\_\_\_\_  
*Date*