



JERRY C. WAGGONER
MEDICAL FOUNDATION
100 MEDICAL DRIVE
BORGER, TX 79007
806.467.5700

Scholarship Application

General Information

Applicant First Name	_____	Last Name	_____
Home Address	_____	City, State Zip	_____
Phone Number	_____	Email	_____
Do you currently reside in Hutchinson county? Y/N	_____	Gender M/F	_____
Ethnicity (circle one)	American Indian or Alaska Native Asian African American	Native Hawaiian or other Pacific Islander Caucasian Other	

Household Information

Annual household income	_____	How many people reside in the household	_____
-------------------------	-------	---	-------

Education Information

School applicant will attend in the fall	_____
Department and Major	_____
Degree being pursued	_____
Current GPA	_____
If applicable, please list any academic awards/honors	_____ _____
Please list any scholarships you have been awarded	_____ _____
Please list an community service volunteer work	_____ _____

Each applicant must provide an essay of the educational objectives, future plans for further education, family income status and a statement of why the scholarship is merited.

Your complete application, high school/college transcripts, and 2 reference letters must be received by the Jerry C. Waggoner Medical Foundation no later than June 30, 2020.

Applications must be submitted via email, mail, or in person.

I certify that the information in this application is true and accurate. I further certify that if, for any reason subsequent to receiving a scholarship award, I elect to substantially alter my proposed study plan, I will immediately inform the Jerry C. Waggoner Medical Foundation. I understand that that, if requested, I will return the money paid on my behalf. By submitting this application and signing below, I authorize the Jerry C. Waggoner Medical Foundation to publish my name and picture in any local media.

Signature of Applicant

Date