

SUBMIT APPLICATION TO: amandareimer@jcmh.com  
or mail to JCMH Attn:Amanda Reimer PO Box 8190 Altus, OK 73522

**Mac Mollison  
Scholarship**

*Supporting Excellence in  
Medical Education*

Judy & Gwynn  
**WOMACK**  
Memorial Scholarship



Name \_\_\_\_\_  
Last First Middle

Email Address \_\_\_\_\_ Jackson County Resident Y N

Current Address \_\_\_\_\_

Permanent Address (where mail will always reach you) \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Present Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Birth Date: \_\_\_\_\_ U.S. Citizen Y N Number of Dependents \_\_\_\_\_  
(other than yourself and spouse)

Ages of dependents \_\_\_\_\_ Do dependents live in your household? Y N

If no, explain \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Are you or have you ever worked in a health-related occupation? Y N If yes, please explain

\_\_\_\_\_

How long were you employed there? \_\_\_\_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_

(complete page 2)

**STUDY PLANS**

Name and address of institution where you have been accepted as a student:

---

---

M.S.N. \_\_\_\_\_ A. P. R.N. \_\_\_\_\_ M.D. \_\_\_\_\_ D.O. \_\_\_\_\_

When do classes begin for the next academic session? \_\_\_\_\_

Date of expected graduation: \_\_\_\_\_

### SCHOOL INFORMATION

In what year of medical or nursing school are you enrolled?      1      2      3      4

Have you been accepted for admission to this program?   Y    N

Estimate intended number of credits for each semester   Fall \_\_\_\_\_   Spring \_\_\_\_\_   Summer \_\_\_\_\_

Do you plan to work while attending school?   Y    N    If yes, how many hours per week? \_\_\_\_\_

In what community do you plan to practice? \_\_\_\_\_

### FINANICAL INFORMATION

Available Income	Actual Current Year	Estimated Next Year
Personal Income		
Spouse Income		
Parental Support		
Alimony		
Child Support		
Financial Aid		
Welfare Benefits (Food Stamps)		
Social Security		
Other Income (Loans)		
Total Income		

What other financial assistance will you be receiving? List all loans, grants, and scholarships:

---

---

Are you currently in default or delinquent in payment on a student loan? Yes \_\_\_\_\_ No \_\_\_\_\_

**Estimated cost of attendance for next semester:**

Tuition and fees \_\_\_\_\_ Uniforms \_\_\_\_\_ Equipment \_\_\_\_\_  
Books \_\_\_\_\_ Transportation \_\_\_\_\_ Other \_\_\_\_\_

**REFERENCES:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

