

Dr. Joseph Schrodt/DMH Scholarship

Purpose: Beginning with the 1997-98 academic year, one student from the Sullivan High Scholl shall be selected to receive \$750 each year for 4 years to use at a institution of post-secondary education enrolled as a full-time undergraduate student pursuing a degree, in a science related field.*

*Science related field is defined as a course of study culminating in a B.S. Degree, license, or certification in one of the following:

1. Medicine
2. Engineering
3. Bioengineering
4. Physics
5. Chemistry
6. Health Related Discipline
7. Physical Therapy
8. Occupational Therapy

(If a student will be studying in a medically related field not listed, a letter of inquiry may be sent to the Superintendent of School District #300 for consideration.)

Basic Criteria:

Attendance: as a full time (12 or more credit hours each term), undergraduate student at a post-secondary educational institution offering a degree in the field listed (under Purpose) as science or medical related field.

United States Citizenship: either natural born or naturalized citizen as determined by the United States Immigration Service for Legal Citizenship.

Residency: Must be legal resident of Sullivan School District #300 and have been enrolled and attended for at least one year immediately prior the the year of the Scholarship award.

Academic Standards: Student who has attained at least a 3.0 on 4.0 scale at the end of seven high School semesters shall be eligible for consideration.

Award recipient shall be selected under the direction of the Superintendent of Sullivan School District #300, the High School Principal, and the High School Guidance Counselor, using the outline detailed under the heading of Basic Criteria.

SELECTION PREFERENCE LISTING

- A. Four Year Degree
- B. Two Year Degree

SCHOLARSHIP APPLICATION

Dr. Joseph Schrodt-DMH Scholarship

In accordance with the attached instructions, I hereby submit my application for a Scholarship. The information in this application is confidential and will be used only for the purpose of determining the Scholarship Award.

I will graduate from Sullivan High School on _____
(date)

and apply for a Scholarship for attendance at the _____
(name of college or
University)

_____, commencing _____
Date of Expected Entry

To pursue a course of study _____
Name of Medical/Science course of study

Parents: _____

Describe in a short paragraph your future plans:
