



A LEADING AMERICAN UNIVERSITY WITH INTERNATIONAL REACH

Dr. Joe Zaydon Pre-Med and BSN Scholarship Application		
APPLICANT INFORMATION		
Name:		
WKU ID Number:		
Local address:		
Mailing address: (if different than above)		
City:	State:	ZIP Code:
Local Phone:	E-Mail Address:	
WKU INFORMATION		
Major:	Minor:	
Overall GPA: _____ (minimum 3.5)	Earned Credit Hours: _____ (minimum 70)	
SUPPORTING APPLICATION MATERIALS		
Please attach a short statement (two pages or less) that discusses your interest in medicine. Be sure to answer the following questions in your essay: 1. Why have you chosen this career? 2. What experiences have you had in the field that you have chosen?		
FOR MORE INFORMATION ON THIS SCHOLARSHIP, PLEASE CONTACT:		
kenneth.crawford@wku.edu	john.bonaguro@wku.edu	
SIGNATURE		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:	Date:	

**ALL APPLICATIONS FOR THIS SCHOLARSHIP
MUST BE SUBMITTED TO chhs-scholarships@wku.edu
and RECEIVED BY MARCH 31, 2012.**