



## The Rosie Baker Memorial Medical Scholarship

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FIELD OF STUDY AND COLLEGES APPLIED TO (must be medical)

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WHAT OTHER SCHOLARSHIPS HAVE YOU APPLIED FOR?

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HONORS AND AWARDS (high school, community)

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SCHOOL AND COMMUNITY ACTIVITIES \_\_\_\_\_

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In this space, please supply other pertinent information concerning your background. Be sure to indicate any extenuating family or financial situations. \_\_\_\_\_

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GPA \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DEADLINE APRIL 20, 2012**

Contact persons for this scholarship are as the following:

Jennifer French  
(731) 336-2750

Roxanne Hendrix  
(731)676-2145 or  
(731)642-4667