

## **INSTRUCTIONS**

### **Dr. Charles R. and Mrs. Geneva G. Porter Scholarship**

Sponsored by  
**Dr. Charles R. and Mrs. Geneva G. Porter Family  
And the Pontiac District 90  
Education Foundation**

**\$1,500.00**

1. The applicant must submit:
  - A. Official Transcript
  - B. Application
  - C. Letter from Teacher or Administrator
  - D. Essay
  
2. Scholarship selection will be based on:
  - Essay
  - Career Plans
  - Recommendation of Administration or Teacher

#### **Eligibility:**

Major in any healthcare related field excluding chiropractic.  
Preference will be given to osteopathy major at Des Moines  
University or osteopathy majors at any college or university.

**DR. CHARLES AND MRS. GENEVA PORTER  
SCHOLARSHIP APPLICATION**

1. Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Please include the following items in the application packet:  
A. Application            C. Essay  
B. Official Transcript    D. Letter of Recommendation

3. List your participation in school activities and offices held.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List your participation in community activities and offices held.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please state your career plans.  
Institution \_\_\_\_\_ Field of Study \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you applying for any other scholarships? YES or NO  
If yes, please list below and indicate the amount. Mark those scholarships received.

<u>Received</u>	<u>Scholarship</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Name of Parent or Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Number of Brothers and Sisters \_\_\_\_\_  
Number of brothers and sisters presently in college \_\_\_\_\_  
Father's Employment \_\_\_\_\_  
Mother's Employment \_\_\_\_\_

8. Identify the following continuing education costs for one year:  
Tuition \$ \_\_\_\_\_, and Room and Board \$ \_\_\_\_\_

9. Do you have a part-time or summer employment? **YES or NO**  
If yes, please list your employer, position and earnings.  
Employer Position Earnings  
\_\_\_\_\_  
\_\_\_\_\_

10. List three personal references, non-family members who would attest to your work habits and character.  
Name Address Occupation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Include a one-page essay on the topic: What health care major have you chosen and why.

12. I certify that I have completed this application and all statements are true and correct to the best of my knowledge.

**DEADLINE: April 13, 2020**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date