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.

Received	Scholarship	Amount

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 6, 2022

_____ _____
Applicant's Signature Date