



*Cassia Festival of Trees
& Scholarship Foundation*
Continuing Medical
Education Scholarship

1. This scholarship is equal to \$500.00. May re-apply each semester.
2. Scholarship selection will be based upon financial need, minimum GPA of 3.0, and the applicant's goals. Course of study is required to be in the medical field.
3. The applicant must have been accepted into a health care program or declared health care major.
4. Scholarship application must be filled out completely and submitted by the deadline.
5. The application shall include a copy of the most recent official transcript record.
6. The application shall include a photo to be used for publicity, and will not be returned.
7. Include a statement of future goals.
8. The application must be completed, signed, and dated.
9. Selection of scholarship recipients will be made by a committee of the Cassia Festival of Trees Scholarship Foundation Board.
10. Please send to: michellemcampbell1@yahoo.com
11. Due by July 28, Dec 28, and April 28 for each semester.



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Continuing Medical Education
Scholarship Application

1. Name: _____
2. Mailing Address: _____
3. Phone Number: _____
4. College or University: _____
5. Course of Study: _____
6. Email Address: _____
7. Transcript Enclosed: _____
8. Picture Enclosed: _____
9. Statement of future goals _____

By my signature, I affirm that I have read and understand the Cassia Festival of Trees Scholarship Foundation application and intend to comply with all conditions of the scholarship, if awarded.

Date

Signature