# William K. Wassink Medical Scholarship

#### Administered by

### The Elizabeth City Foundation Elizabeth City, North Carolina

The William K. Wassink Scholarship is awarded annually and

is available to students that meet the following criteria:

- Must be a permanent resident of Camden or Pasquotank County, with priority given to Camden residents
- Must be a full-time undergraduate student in his/her junior or senior year taking classes in a pre-medical career track; or, must be a full-time graduate student enrolled in a recognized medical school taking classes toward a medical degree
- Must exhibit satisfactory academic progress in college academic work, with an overall academic average of not less than a 3.5 GPA

Applicants must obtain and submit an official college or university transcript (with the institution's official seal). Transcripts will not be accepted if submitted separately from the application.

## Completed Applications must be delivered to First Citizens Bank, 854 Halstead Boulevard, Elizabeth City, NC by 5:00 pm on March 1st

#### William K. Wassink Medical Scholarship Application

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				Last Four Digits of Social Se	curity Number	
1.	Applicant Name	Last	First	Middle		
2.	Mailing Address	PO Box or Street	City	State	Zip Code	
3.	Telephone Number	Date of Birth				
4.	County of Residence		How long	U.S. Citizen ?		
5.	Father's Name	Last	First	Middle		
	If living, address	PO Box or Street	City	State	Zip Code	
6.	Mother's Name	Last	First	Middle		
	If living, address	PO Box or Street	City	State	Zip Code	
7.	Are parents divorced ?	( ) Yes (	) No Separat	ed? () Yes	( ) No	
8.	If you have a guardian, other than a parent fill out the following:					
	Name and relationship to you					
	Address					
9.	List activities in which yo if necessary.	ou have participated w	hich have been mea	ningful to you, usin	g additional page	
10	. List offices to which you	have been elected in a	any organizations.			
11	List honors (scholastic, ci	tizenships, etc.) whic	h have been awarded	l to you.		

#### **Confidential Information**

1.	Occupation of father or male guardian					
2.	Occupation of mother or female guardian					
3.	Last year's salary (before taxes) of:					
	Father: \$   Other Income \$					
	Mother:         \$         Other Income         \$					
4.	Is home owned? Existing unpaid mortgage? If so, give amount \$					
5.	Approximate value of all parents' real estate \$ Parents' other property \$					
6.	Number of brothers Ages Number of Sisters Ages					
7.	How many brothers ( ) and sisters ( ) will be in college next fall?					
8.	Including yourself, how many children are dependent on your parents for support?					
9.	List others (and their relationship to your parents) who are dependent on your parents for support.					
10.	0. List outstanding indebtedness (loans, etc.) and/or unusual financial obligations not evident from the above information.					
11.	<ol> <li>Do you have an income (part-time, summer work, etc.)? If so, give source and amount of income.</li> </ol>					
12.	2. What school do you plan to attend next year?					
	Currently enrolled ? Undergraduate year? Graduate year?					
13.	Have you applied for admission? Been accepted? If so, attach a copy of your admission letter.					
14.	What do you expect your education next year to cost? \$ How much of this amount					
	will be available from these sources? Other Scholarships \$ Parents \$					
	Your Earnings \$ Other \$					

#### **Additional Data**

This application will be reviewed and considered on the basis of financial need. It will be to your advantage to emphasize below any facts which you believe entitle you to favorable consideration on the basis of **financial need**, if such facts are not fully reflected in your answers to specific questions elsewhere in this application.

