

THERESA C. SMITH RADIOLOGY SCHOLARSHIP APPLICATION

Applicant Information

Name: _____

Permanent address: _____

Current mailing address: _____

E-mail address: _____

Home phone number: _____ Cell phone number: _____

Parent or guardian Information

Name: _____

Address: _____

Parent / Guardian Phone Number: _____

Application Education Information

What college or university are you attending? _____

Address: _____

Phone number: _____

What is your anticipated graduation date? ____ / ____ / ____

References

Please list three references (teachers, counselors, employers) other than relatives

Name	Relationship	Phone
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Addition Items Needed

Please attach official transcript from your college or university for the past year.

Mail completed application and transcript to:

FCH Foundation

Attn: Kayla Caven

PO Box 804

Fairmont, MN 56031

Applications must be postmarked by April 15, 2025