

Michelle Bulau Memorial Scholarship Application

Name _____

Address _____ City/State _____ Zip _____

Phone No. _____ E-mail _____

Date of Birth _____ Current cumulative G.P.A. _____

COLLEGE ATTENDING:

Name _____

Address _____

Annual Tuition \$ _____ Room & Board \$ _____ Books & Fees \$ _____

How do you plan to finance your education and please explain your financial need:

PLEASE PROVIDE THE FOLLOWING INFORMATION: (attach to scholarship application)

1. Resume.
2. One-page Essay explaining why you are pursuing an education in the medical field and why you are applying for the Michelle Bulau Memorial Scholarship.
3. Letter of Recommendation from an unrelated party, such as an employer, teacher or high school administrator.
4. Unofficial school Transcript signed by one of your teachers for current seniors or post graduates. Graduate studies - proof of current license or possess one or have a degree in the medical field.

Student signature _____ Date _____

SUBMIT APPLICATION AND ATTACHMENTS BY APRIL

1ST TO: _____

**Paula Atkeson
St. Mary's High
School 300 North 4th
Street O'Neill, NE
68763**