

Now taking applications for the

# Dr. Joseph Zaydon Scholarships

- This Scholarship Fund will be used for scholarships awarded to qualifying students who are enrolled as full time students at Western Kentucky University.
- This award will be given exclusively to students who are entering into their Senior year at WKU studying Pre-Medicine, Pre-Physician Assistant, or Nursing (BSN)
- The main consideration for recipients of this scholarship is financial need and outstanding academic performance.
  - Applicants will need to complete a WKU TOPDollar Scholarship application. Please visit:  
<http://www.wku.edu/topdollar>
  - Applicants must also fill out a scholarship application and submit a short statement (two pages or less) that discusses your interest in medicine or nursing.
    - Applications are available online. Please visit:  
[http://www.wku.edu/chhs/current\\_students\\_info.php](http://www.wku.edu/chhs/current_students_info.php)
    - Submit application & statement via email to:  
[chhs@wku.edu](mailto:chhs@wku.edu)

For more information on this scholarship, please contact:  
[chhs@wku.edu](mailto:chhs@wku.edu)

All applications for this scholarship must be received by April 15, 2020





## Dr. Joe Zaydon Pre-Med, Pre-PA, and BSN Scholarship Application

**Instructions:** Please complete the application, save, email to [chhs@wku.edu](mailto:chhs@wku.edu), and attach supporting application materials.

### APPLICANT INFORMATION

Name:

WKU ID Number:

Local address:

Mailing address: (if different than above)

City:

State:

ZIP Code:

Local Phone:

E-Mail Address:

### WKU INFORMATION

Major:

Minor:

Overall GPA:

\_\_\_\_\_ (minimum 3.5)

Earned Credit Hours:

\_\_\_\_\_ (minimum 70)

### SUPPORTING APPLICATION MATERIALS

Please attach a short statement (two pages or less) that discusses your interest in medicine or Nursing. Be sure to include the following in your essay:

1. Describe your career goals.
2. Describe any clinical experiences in medicine or nursing.

### FOR MORE INFORMATION ON THIS SCHOLARSHIP, PLEASE CONTACT:

[chhs@wku.edu](mailto:chhs@wku.edu)

### SIGNATURE

By checking the box below, I grant approval to authorize the verification of the information provided on this form. I agree that typing my name in the signature box shall serve as my signature.

Signature of applicant:

Date:

**ALL APPLICATIONS FOR THIS SCHOLARSHIP  
MUST BE SUBMITTED TO [chhs@wku.edu](mailto:chhs@wku.edu)  
RECEIVED BY April 15, 2020.**