

DR. MATHIAS MOUNT MEMORIAL SCHOLARSHIP APPLICATION

Please mail or email completed application by March 31, 2021 to
Greene County General Hospital - Foundation, 1185 N 1000 W, Linton, IN 47441 or
grace.cross@mygcgh.org

Please legibly print or type the following information in dark ink.

Name _____

Address _____

Phone _____ Email _____

Parent/Guardian _____

GPA: _____ Class Rank: _____

ECA- Passed Eng: Yes ___ No ___ Passed Alg: Yes ___ No ___

1. College you plan to attend: _____

Have you been accepted: Yes ___ No ___

2. Anticipated college major: _____

3. Prior Work Experience:

4. What do you hope to do once you earn your degree?

- Please attach a copy of your official transcript.
- Please attach a separate sheet listing extracurricular activities and volunteer experience.
- Please attach one letter of recommendation.

By signing this form, you verify that all information included in your application is accurate.

Applicant _____ Date _____