

## Wade Darren Stains Memorial Scholarship

Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ (\*Note: 2021 recipients must be in the graduating class of 2021)

Post-Secondary Institution Attending:

\_\_\_\_\_

One eligible senior from the Class of 2021 will be selected as the recipient of the Wade Darren Stains Memorial Scholarship. **Applicants must be planning to continue their education in the healthcare field.**

Along with this paper, applicants are asked to attach a copy of their acceptance letter.

Finally, please write a letter addressing **all** of the following topics.

Topics:

- Why do you feel you deserve to be the recipient of this scholarship?
- What exact healthcare job/career/position do you intend to pursue?
- Why are you going into the healthcare field?

Please return your completed application with attached letter by Wednesday, May 5<sup>th</sup>, 2021.