



7. Will you be a full-time student?        Yes                        No
8. If not, how many courses will be taken each term? (*Please specify quarter or semester.*)
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**PART II: EDUCATION**

9. Please provide detail of all available ACT and SAT scores. In addition, please provide an official transcript of your scholastic record from high school and from each college or university that you have attended.
10. List in chronological order all colleges, universities, and professional schools attended, with the most recent first.

Name and address of institution	Major/minor fields	Dates attended	Degree received/ pending/and year
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**PART III: EXPERIENCE**

11. List all full-time or otherwise significant jobs you have held, starting with the most recent.

Name/Address of Employer	Date	Nature of duties
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**PART IV: OTHER ACCOMPLISHMENTS**

12. Honors, scholarships, or prizes you have received:

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13. Membership in honor societies and professional organizations:

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14. Activities and interests (campus, community, other):

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**PART V: REFERENCES**

15. A copy of the reference form is enclosed. **Each reference must come directly from the individual writing the reference, along with a copy of the letter of reference form and be received by May 31, 2020 in order for an application to be considered.** List below the individuals from whom you have requested references.

**Provide a pre-addressed, stamped envelope for each reference so that they are sent directly to Mark U. Johnson, Managing Trustee, William H. Olson M.D. Scholarship Trust, 201 East Main St, Campbellsville, Ky. 42718.**

<b>Name</b>	<b>Institution</b>	<b>Telephone</b>
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**PART VI: FINANCIAL AID**

16. Please list all scholarships and loans for which you are applying, checking all that have been secured. In addition, please disclose average annual household income and the percentage of educational expenses being met with private funds.

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**PART VII: CAREER OBJECTIVES**

17. Attach a short essay, typed only, describing your career objectives and how your immediate academic plans contribute to their attainment.

The information supplied by me on this application is true and correct to the best of my knowledge, and I understand that misrepresentation may cause denial or withdrawal of the scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WILLIAM H. OLSON, M.D. SCHOLARSHIP TRUST**

**SCHOLARSHIP LETTER OF REFERENCE**

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Name of applicant

The applicant should fill out the line above and give this form to a person not related to the applicant who is acquainted with the applicant's character, education, and abilities.

**TO WRITERS OF LETTERS OF REFERENCE**

The applicant whose name appears above has applied for a scholarship from the William H. Olson, M.D. Scholarship Trust to attend an accredited undergraduate school in pursuit of a career in the medical field as a practicing physician or BSN Nurse. Please give us your candid opinion of the applicant's scholarship, personality, and potential postgraduate study. Use the reverse side of the form if necessary. **Please return by May 31, 2020 to: Mark U. Johnson, Managing Trustee, William H. Olson, M.D. Scholarship Trust, 201 East Main St, Campbellsville, Ky. 42718.**

Please type or print legibly. Thank you for your assistance.

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Name

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Position

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Institution

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Address