



# Betty Jean Kerr Scholarship Foundation

*2024-2025 Application*

## **Student information:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current University Attending:  
\_\_\_\_\_

Current Year in School:  
\_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Institution planning to attend: \_\_\_\_\_

Major/Specialty: \_\_\_\_\_ Full-Time Student Part Time Student

## **Personal Information:**

Please attach short answers to the following questions:

1. What are your career goals in healthcare?
2. What obstacles have you overcome in your career journey?
3. Tell us about a personal achievement that makes you proud.
4. How will this scholarship help you reach your goals?

