

Pam Britton Memorial Scholarship Scholarship Criteria

1. Recipients to be chosen by a committee composed of the high school principal, high school nurse, high school senior counselor, Renee O'Hanlon and Kathy Silvey. The recipient of the scholarship must have a minimum of three votes. A member of the Britton family will review the selection of the committee. The Britton family reserves the right to amend the scholarship.

2. Applicants must:

a) Have a minimum 2.5 G.P.A.

b) Be accepted to a college and be planning a career in the health field.

c) Attend entire senior year at Potosi High School.

Date: _____ Signature: _____

Pam Britton Memorial Scholarship

Name _____

Date _____

Address _____

Personal Data:

Birthdate _____

Gross Annual Family Income (check one)

Number in family _____

\$ 0 to \$15,000 _____

Parent/Guardian _____

\$15,001 to \$25,000 _____

Address _____

\$25,001 to \$40,000 _____

Above \$40,000 _____

Educational Data:

Class Rank _____ of _____

A.C.T Composite Score _____

Grade Point Average _____

Total number of days absent during senior year _____

Name and address of college or university to which you have been accepted:

Health Career Field planning to enter: _____

Please list other information which you feel is pertinent:
