

Edward O. Anderson Memorial Scholarship Fund

The primary purpose of this scholarship is to encourage a Clinton High senior to pursue a career in the health care field.

The Edward O. Anderson family will offer a \$1000 scholarship to a Clinton High graduating senior who wants to enter the health care field. Edward was stricken with multiple sclerosis in the early 1950's and had to rely heavily on persons in the medical profession. Ed was a CHS alumnus and his four children are also CHS graduates. In memory of Ed, his family would like to help a CHS graduating student who desires to pursue a health care profession.

Eligibility for the Edward O. Anderson Memorial Scholarship will be determined by the following criteria:

1. Must be a Clinton High School graduating senior.
2. Must plan to major in the health care field.
3. Scholastic achievement and financial need will be considered.
4. Applicant must provide three letters of recommendation. Sources may be, but are not limited to teachers, employers, church leaders, community leaders, etc. At least one recommendation must be from outside the school system.

Scholarship money will be paid directly to the institution the recipient will attend.

There will be no scholarship restrictions based on age, sex, color, race, nationality, disability, religion or marital status.

The top three finalists will be interviewed by the scholarship committee which will then make the final decision. The selection committee will consist of members of Ed's family. If assistance is needed in a final decision, a CHS Principal, Associate Principal, or Guidance Counselor may be called upon.

Applications must be returned to the Counseling Office on or before March 3, 2023.

Edward O. Anderson Memorial Scholarship Fund
Application Form

Name _____

Address _____ Phone _____

CHS grade point average _____ ACT composite score _____

Activities at CHS: _____

College you plan to attend _____

Have you been accepted? _____

Planned major area of study _____

Have you applied for any other financial awards? _____ If so, please list _____

Please complete this section on family background.

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Number of sisters/brothers at home in high school or below _____

Number of sisters/brothers in college _____

Please provide a brief response to each of the following questions.

Why do you desire to enter the health care field? _____

What do you plan to do after completing the program of study you are embarking upon?

What additional activities are you involved in?_____

Please add any other personal information which may help the selection committee.

Signature of Applicant

Signature of Parent or Guardian

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