The Nell Educational Trust Scholarship Program was established under the last will and testament of Lawrence R. Nell to assist qualified students who have been accepted for the study of medicine, dentistry or other health practitioners programs at the post-baccalaurate level. Applicants must be graduates of a high school in Sedgwick County, Kansas (i.e., Wichita, Kansas area).

Grants and renewals may be conditioned upon such Grantee’s engaging in the practice of the health profession for which he/she has received educational support, the period of time and the location of practice (Sedgwick County or the State of Kansas) to be agreed upon on a case-by-case basis. Failure to practice for the specified term in the agreed upon area may cause all amounts theretofore granted, with 10 percent interest, to become immediately due and payable to the trust. This requirement may be reviewed on an individual basis and to date the Selection Committee has not acted upon it.

Grants may be made for tuition, books, fees and related expenses, with tuition and fee monies paid directly to the registrar of the school involved.

Prior years’ winners need not complete another application, but do need to submit a letter with transcript, along with their address and the name and address of the school they will be attending.
1. Name: __________________________ Spouse’s name: __________________________

2. Home Address: __________________________ Phone: ________________

3. Mailing Address (if different than above): __________________________

4. Email Address: __________________________

5. Age: _____ Date of Birth: _______ Place of Birth: __________________________

6. Applicant’s Dependent(s) and Their Ages: __________________________

7. Parent or Guardian: __________________________ Occupation: __________________________

8. Address of Parent or Guardian: __________________________


10. Number of brothers: (circle one) 0 1 2 3 4 or more
    Number of sisters: (circle one) 0 1 2 3 4 or more

11. Number of brothers and/or sisters who have completed their college education: _____

12. Other sources of income/financial aid: __________________________

13. Educational record: Name of high school and year graduated.
    Names of schools or colleges attended (list most recent first).
    **Include transcripts with application.**

    | School name | City, State | Dates |
    |-------------|-------------|-------|
    | __________________________ | __________________________ | __________________________ |
    | __________________________ | __________________________ | __________________________ |
    | __________________________ | __________________________ | __________________________ |
    | __________________________ | __________________________ | __________________________ |

14. Current classification and year in school: __________________________
14. Cumulative Grade Point Average: ______________

Undergraduate Study: ______________  Science: ______________
Graduate School: ______________  MCAT Score: ______________

15. Name and address of school you will be attending next school year and course of study to be undertaken:

____________________________________________________

16. List extra-curricular activities, clubs, societies, church groups, organizations:

____________________________________________________

____________________________________________________

17. Character references: Obtain at least two and no more than three letters of reference, one of which should be in the nature of an academic letter of reference (i.e., from a faculty member, advisor, etc.). List name, address and phone number of each character reference:

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18. Attach a one-page personal statement of why you are seeking assistance from the Zola N. and Lawrence R. Nell Scholarship Trust.

19. **Attach high school and college transcripts.**

Date ____________________________  Applicant’s Signature ____________________________

*All information received will be considered strictly confidential.*