

Judy Rohwedder Memorial Scholarship 2026 Application

(You may print or type responses on this form, or reproduce form on computer.)

- Awarded to a student who plans to pursue a career in nursing, medicine, or agriculture.
- To be awarded to a graduating Midland Community High School senior.
- Recipient must be accepted as a full-time student at a two-year or four-year accredited Iowa-based undergraduate institution.
- \$600 scholarship, to be paid directly to student's college of enrollment, half in the fall semester and half in the spring semester of student's freshman year.

Mail application to: Tom Rohwedder, 306 W. Summit St., Wyoming IA 52362 by May 8, 2026.

Name: _____

Date of Birth (MM/DD/YY): _____ Gender: M F

Home Address: (Street & Number) _____

(City, State, Zip) _____

Mailing Address if different: _____

Student's Contact Information: _____

Parents' Names: _____

Father's Occupation: _____ Father's Employer: _____

Mother's Occupation: _____ Mother's Employer: _____

Grade Point Average: _____ Rank in Class: _____ Class Size: _____ Graduation Date: _____

Please read before submitting your scholarship application: By submitting this application, I certify that the information contained herein is correct to the best of my ability and I understand that false information or omission of data may result in denial of my application.

Signed: _____

Date: _____

_____ I have included an academic letter of reference.

_____ I have included a non-academic letter of reference.

_____ I have included my latest academic transcript.

List clubs, sports, organizations, community service and activities, special interests and any special honors received in high school. Limit the list to ten. Please put items in order of importance to you and indicate the number of years of involvement:

Work experience:

Please list the colleges to which you have applied and/or been accepted for admission:
