

Judy Rohwedder Memorial Scholarship 2027 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 April 15, 2027.

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.

