

Now taking applications for the



Dr. Joseph Zaydon Scholarships



The Zaydon Scholarship Fund is used to award scholarships to qualifying students who are enrolled full-time at Western Kentucky University.

Awards will be made to students who are entering their Junior or Senior year at WKU and following a Pre-Medicine advising track/concentration.

The primary considerations for recipients of this scholarship are outstanding academic performance and financial need.

Applicants must complete a WKU TOPDollar Scholarship application at:
<https://www.wku.edu/topdollar>

Applicants must also complete a scholarship application and submit an essay (up to two pages) that discusses their interest in medicine and service to their community.

The Zaydon Scholarship Application is available online at:
https://www.wku.edu/wkuhpa/zaydon_pre-med_scholarships.php

Submit application materials via email to:
OCSE@wku.edu

For more information on this scholarship, please contact OCSE@wku.edu

All application materials must be received by April 15, 2024



Dr. Joseph Zaydon Pre-Medicine Scholarship Application

Instructions: Please complete the application, save, email to OCSE@wku.edu and include the application essay as an additional attachment.

APPLICANT INFORMATION

Name:

WKU ID Number:

Phone:

Local address:

Mailing address: (if different than above)

City:

State:

ZIP Code:

E-Mail Address:

Major:

Minor:

Overall GPA (minimum 3.5):

Earned Credit Hours (minimum 60):

APPLICATION ESSAY

Submit one essay (up to 2 single-spaced pages) which specifically directly addresses both of the prompts below. The essay must be submitted as a separate PDF file (lastname_zaydon_spr24.pdf). Your essay submission should **not** be your personal statement.

1. Describe a contribution you have made to your community through service or volunteering. Describe your future plans for contributing to your community.
2. How do you envision your future career as a practicing physician? What impacts do you hope to have on the community and population that you serve?

SIGNATURE

By signing below, I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

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and MUST BE RECEIVED BY April 15, 2024.**