THE CHRIS LONG

“MEMORIAL” SCHOLARSHIP

MERCER COUNTY HIGH SCHOOL

(Open to all seniors from Mercer County High School with priority given to students entering the Medical Field)

Student’s Name: _____

Parent/Guardian: _____

Home Address: _____

G.P.A.: _____

Classes currently enrolled in: _____

_____

_____

What school have you chosen to attend? _____

_____

Type of degree and major you are planning to pursue: _____

_____

Give a short profile of the reasons why you have chosen this field: _____

_____

_____

_____

_____

_____

What activities in and outside of school are you involved in? _____

Community Service: _____

One reference required: _____

Please send application to: Cheryl Long
205 Clay St.
New Boston, Il 61272

(Due April 2nd)