David Kacanek Memorial Scholarship Application 2023 - 2024 Academic Year Due 4/30/24

Name:			
First	Middle	Last	
Address:			
Street	City	State	Zip
Home Phone:	Birthdate:		
Eligibility:			
	Hinsdale High School graduatir		
secondary institution of must accompany your	f higher learning. ** * A copy of	t your acceptance	<u>e letter from the college</u>
must accompany your	аррисанов.		
Method of payment:			
Payment will be mad	le at the beginning of the se	econd semester	of the first year. It is the
responsibility of the st	tudent to notify the representa	tive of the award	ding group (the name of the
contact person will be	indicated on a letter of notific	ation) that you h	ave successfully completed
the first semester and	wish to have the scholarshi	p applied toward	second semester tuition.
Student responsibility:			
	e your school of choice after y	ou have received	d the scholarship, it is your
	the scholarship organization.		
scholarship.		•	
Professional field you pl	an to enter:		
RNLPNS	Speech Occupational Th	erapyPhy	sical Therapy
Medicine Audiol	ogyNutritionLal	Technology	Pharmacy
	05)		_ ,
Other			
School honors, awards a	and scholastic achieveme	nt:	
		<u> </u>	
Extracurricular activiti	es (e.g. clubs, sports, hobbies,	talents, special in	iterests):
Community Activities (e.g. volunteer work):		

Employment History: Position Held	Period of Employment	# of hour per week
College you will attend: Name of College	Anticipated graduation date: Address	Cost
inancial Aid that has been offe	ered to you by the college and/or other	source:
	nich have affected family income in the onsidered by the scholarship committee	, -
Please provide 3 letters of	f recommendation (Include names	and a contact telephone nu
	Tel:	
Write a paragraph (mining the profosion of the profosion	mum 300 words) about yourself fessional field that you have identified, that have influenced your career	······
choice.		
	considered complete without this par	agraph. Attach it to