

**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 15th of year applying)