

APPLICATION FORM

Wendy Frost LaFontaine Scholarship

Name of Student: _____ SS #

Date of Affiliation at Genesys Health System Campus:

Permanent Mailing Address:

Grade Point Average: ___ above 5.0 ___ below 5.0

Other Clinical Affiliations:

Resident of State of Michigan: ___ yes ___ no

Plan to practice in State of Michigan: ___ yes ___ no

Any additional information you wish to bring to the attention of the faculty supporting your candidacy: