



Scholarship Renewal Application – Medical Services

Name of Applicant: _____
(Please print)

Address: _____

Phone Number: _____ Other contact: _____

DOB: _____

Previous Degen Foundation Award Amount: _____ Date: _____

Please provide your class schedule to include total credit hours for the upcoming semester:

Please arrange for an official transcript to be sent to our office to the attention of:

**Rebecca Ameis, Director of Grants/Scholarships
The Degen Foundation
PO Box 10366
Fort Smith, AR 72917**

Program Name: _____

Length of Program: _____

Anticipated Completion Date: _____

Award Amount for 2nd Cycle: _____

Signature of Applicant

Date