



# Kamryn Lambert Foundation

*Through Kamryn, Dreams Become Possibilities*

## Scholarship Application

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

GPA: \_\_\_\_\_

\_\_\_\_\_

e-mail \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Intended College Major: \_\_\_\_\_

College Attending: \_\_\_\_\_

*Why are you interested in the medical profession?*

---

---

---

Please attach an essay describing an obstacle or adversity you have overcome, and how it has impacted your life, along with your High School Transcript.

Complete and return to **Kamryn Lambert Foundation**, by April 17, 2020

*This scholarship is a resource fund. Dollar amount awarded depends entirely on funds raised.*

Visit us at:

[www.kamrynlambert.org](http://www.kamrynlambert.org)