



Frisco Independent School District, Frisco, TX - Alumni  
**Patricia Nan Cash Memorial Scholarship**  
For Graduate or Medical School Studies

**Criteria:**

To be eligible for consideration of the **Patricia Nan Cash Memorial Scholarship** the following criteria must be met:

1. Must have graduated with a high school diploma from Frisco Independent School District, Frisco, TX.
2. Must have completed undergraduate school with at least a bachelor's degree and show proof of graduation.
3. **Must be pursuing a career in medicine or nursing.**
4. Must show proof of acceptance into a graduate school or medical school program at a college or university.
5. Must provide the following attachments in addition to the application:
  - Cover letter stating:  
Brief introduction of yourself and why you are deserving of this scholarship;
  - College transcript (can be unofficial and emailed with other documents);
  - Resume (including volunteer and service organizations and hours);
  - One reference from an FISD staff member (may not be a relative);
  - Two references from a staff member of the college or university where you received your bachelor's degree (*cannot be a relative*).

**DEADLINE: March 24, 2023**

*Incomplete applications will not be considered and will be automatically disqualified*

Please contact the Frisco Education Foundation office at 469-633-6868 with any questions.

Scholarship application and required attachments may be:

Mailed: Frisco Education Foundation, PO Box 567, Frisco TX 75034 or

Emailed: Terri West at [westte@friscoisd.org](mailto:westte@friscoisd.org)



# Patricia Nan Cash Memorial Scholarship

## For Graduate or Medical School Studies

### Scholarship Application

**DEADLINE: March 24, 2023**

Name \_\_\_\_\_

E-mail address \_\_\_\_\_

FISD High School Attended: CHS FHS HHS IHS LHS LSHS LTHS MHS RHS WHS  
Class of \_\_\_\_\_

Where did you attend middle school? \_\_\_\_\_

Address (include city and zip code) \_\_\_\_\_

Phone number \_\_\_\_\_ Cell number \_\_\_\_\_

How are you and your family planning to pay for graduate school or medical school? (Check all that apply)

- |   |                               |
|---|-------------------------------|
| _____ Designated savings account(s)                               | _____ College loans           |
| _____ Private loans   | _____ Pay as you go or credit |
| _____ Student employment  | _____ Low-income grant (PEL)  |
| _____ Merit-based scholarships, grants                            |                               |
| _____ Designated savings account from a source other than parents |                               |
| _____ Other (please state) _____                                  |                               |

### Academic Information

Undergraduate College Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Major \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

What field of study are you intending to pursue in graduate / medical school? \_\_\_\_\_

What is your career dream or goal? \_\_\_\_\_

Who or What has inspired you to choose this particular path for your future? \_\_\_\_\_

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Please list any extra-curricular activities and organizations in which you participated in high school and college. Please indicate the levels of participation and if you have held office in any of these:

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Please tell us about any community involvement, or place- of -worship related **volunteer work** you have done while in high school and/or college. Estimate the number of hours you have volunteered over the last year.

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List all places you have been employed, over the last two years, average hours worked each week, and for how long.

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Please give us any additional information that you feel would be necessary to help our selection committee decide on your scholarship needs and possibilities.

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