



**Application for the Sarah Collins/Melissa Coppin, M.D.  
and the Byron Gunn Scholarship Fund  
Sponsored by the Women's Christian Alliance (WCA) and the WCA Auxiliary**

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Applicant Name \_\_\_\_\_

Date of Birth (DOB) \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of High School \_\_\_\_\_

**1) Name of school(s) to which you've applied for admission.**

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**2) Name of school(s) that have accepted you for admission.**

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**3) Name of school you decided to attend.**

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**4) Describe the factor(s) you considered in your decision to attend this school?**

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- 5) Describe a school or community activity that have you participated in and include length of time of participation.**

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- 6) Describe any current or previous work experience.**

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**ATTACHMENTS**

- a) Compose a paragraph describing your career plans and future goals (50-75 words on a separate piece of paper)
- b) Provide a high school transcript.
- c) Provide letters of recommendation from principal, teachers or counselors.
- d) Provide a personal letter of recommendation from an adult other than a relative.



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Applicant Signature \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Phone Number Parent/Guardian \_\_\_\_\_

Thank you for taking the time to apply for this scholarship. Note that upon award notification you will be asked to provide an acceptance letter indicating a September 2010 or January 2011 start date, a class roster and documentation of purchases made with award money. Good luck!

Mail or deliver application to:

Women's Christian Alliance (WCA)  
Attn: Scholarship Coordinator  
1722 Cecil B. Moore Avenue  
Philadelphia, PA 19121-3405