



"Advocates for community health and medical education"

HEALTHCARE SCHOLARSHIP NOTIFICATION

The Foundation of Collier County Medical Society, a Florida nonprofit, tax-exempt corporation, established in 2012, is composed of medical professionals committed to the promotion and support of philanthropic efforts of physicians in the medical community in and about Collier County, Florida. As part of our mission, the Foundation has enacted a program to facilitate the award of scholarships to high-achieving students who are pursuing degrees in healthcare.

To be considered for a scholarship, students must meet the following qualifications:

- Be a bona fide resident of Florida for at least 12 months prior to enrollment as student pursuing an education in healthcare (not including time spent attending an undergraduate/graduate school in Florida).
- Be enrolled in or have been accepted to a **healthcare degree** program at an accredited institution (such as RN, MD, DO, PA, OT, etc.).
- Have sustained an overall GPA of 3.5, on a non-weighted 4.0 scale, for at least 12 months in the most recent year of full-time enrollment in an accredited institution (regardless of the program of study); if applicant was enrolled in less than 15 credit hours per semester in the academic year prior to the year of application, the applicant must have sustained the requisite GPA for at least 2 prior years of schooling.

To apply for the scholarship, students must submit the following:

- Completed application form as provided by the Foundation, including official school transcripts.
- At least 2 letters of recommendation from persons other than family members, documenting applicant's integrity, interpersonal skills, and potential as a future member of a healthcare profession.
- A letter on school letterhead from an accredited institution verifying that he/she has been accepted for enrollment or is actively enrolled in a healthcare program.
- A personal statement describing the person or event that most influenced the applicant to become a healthcare professional and describing how the applicant sees himself/herself leading others in the profession.

Scholarship recipients are selected by the Foundation Board upon review of the application and supporting materials. The dollar amount of scholarship(s) may vary dependent upon available Foundation funds.

Application forms are to be submitted by March 31, 2019.

Forward materials by mail, fax, or email to:

The Foundation of Collier County Medical Society, Inc.
1148 Goodlette Road N.
Naples FL 34102
239-435-7727 fax 239-435-7790
www.ccmsfoundation.org
info@ccmsonline.org



The Foundation of Collier County Medical Society
1148 Goodlette Road N., Naples FL 34102
T (239) 435-7727 F (239) 435-7790 info@ccmsonline.org

HEALTHCARE SCHOLARSHIP APPLICATION 2018
Florida residents enrolled in/accepted to a healthcare degree program*

*See cover letter for full eligibility requirements.

Return application to the address, fax, or email above by March 31, 2018.

PART I

Personal Information

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

DOB ____-____-____ Permanent Resident of Florida Yes No Citizen of the U.S. Yes No

PART II

The following information is to be completed by Parent\Guardian if consideration is desired on the basis of financial need. If not, proceed to Student Financial Information.

Custodial Parent/Guardian _____

Address/City/State/Zip _____

Home Phone _____ Work _____ Cell _____

Non-Custodial Parent (if any) _____

Address/City/State/Zip _____

Home Phone _____ Cell _____ Email _____

Marital Status (Parents) Married Divorced Separated Single Other_____

Number of Dependents under 18 ____ Ages ____ ____ ____ ____

Number of Children presently attending college (or equivalent) for whose parent/guardian is financially responsible: ____ (do not include graduating high school student)

Parental Gross Adjusted Income, most recent tax return \$_____

If Income Tax Form 1040 used, Report Amount on Line 37 \$_____

Non-Taxable Income (if any) \$_____ Source _____

Father employed as _____

Name of Business _____

Gross weekly salary \$_____ Gross annual \$_____

Mother employed as _____

Name of Business _____

Gross weekly salary \$_____ Gross annual \$_____

Cash on hand/Money in savings/checking account \$_____

Student Financial Information

Scholarships or awards student has/most likely will receive (including Florida Bright Futures)

Have you filed a FAFSA for Federal Grant? _____

Marital Status (Student) Married Divorced Separated Single Other_____

Number of Student's Dependents under 18 ____ Ages ____ ____ ____ ____

Employment Status of Student: full time part time seasonal

Employer Name and Address _____

Amount in Student's Savings for Education \$_____

Your current plans to finance your education (Student loans, Florida Pre-pay), include any unusual circumstances

Do you own a vehicle? _____ Make/Model _____ Year _____

College/Post-Secondary Information:

Annual estimated cost of tuition \$ _____ Books \$ _____

Room & Board \$ _____ Travel \$ _____

Other major expenses with explanation \$ _____

PART III

High School Information

Name / Location (city & state) _____

Year Graduated _____ GPA _____ SAT Verbal _____ Math _____ ACT _____

Class Rank _____ Percentile _____ Class Size _____

Academic Honors, Athletic & Extracurricular Activities, Clubs, Offices Held, Research Projects, etc.

(attach separate sheet if necessary)

Post-Secondary Education

Name / Location (city & state) _____

OR:

Applied to: _____

Accepted at: _____

Will probably attend: _____

Major _____ Minor _____

Year Graduated/Expected Graduation _____ Degree _____

Current or Final GPA _____ Class Rank _____ Percentile _____ Class Size _____

Academic Honors, Athletic & Extracurricular Activities, Clubs, Offices Held, Research Projects, etc.

(attach separate sheet if necessary)

Additional Post-Secondary Education (if applicable)

Name / Location (city & state) _____

OR:

Applied to: _____

Accepted at: _____

Will probably attend: _____

Major _____ Minor _____

Year Graduated/Expected Graduation _____ Degree _____

Current or Final GPA _____ Class Rank _____ Percentile _____ Class Size _____

Academic Honors, Athletic & Extracurricular Activities, Clubs, Offices Held, Research Projects, etc.

(attach separate sheet if necessary)

Community Service or Volunteer Positions

Where _____

Responsibilities _____

When _____

PART IV

Attachments check list:

- Official school transcripts**
- Letter on school letterhead from an accredited institution verifying that you have been accepted for enrollment in or are actively enrolled in a healthcare program.**
- Educational resume (if not completed above) including volunteer positions and hours served.**
- Minimum of 2 reference letters from persons other than family members, such as Teachers, Guidance Counselors, Employers, or Community Leaders (documenting applicant's integrity, interpersonal skills, and potential as a future member of a healthcare profession.)**
- Essay question / personal statement**
 1. **Required:** Use a separate sheet of paper. Typed and double-spaced, state why you feel you merit consideration as an applicant for scholarship. Describe the person or event that most influenced you to become a healthcare professional and how you see yourself leading others in the profession. You may wish to include educational goals, unusual circumstances regarding financial or personal situations, etc. Submission should be at least 100-300 words and no more than 800.
 2. **Optional:** Have you had to overcome any extreme adversity in your life or pursuit of an education? Use a separate sheet of paper to describe. List any reasons this may help the scholarship committee in their decision. Submission should be at least 100-300 words and no more than 800.
- Optional:** if you wish to be considered based on financial need, submit a copy of your or your parents' most recent tax return(s) **with social security numbers redacted.**

I authorize my school to provide the personal and financial information contained in this scholarship application only to a committee or committees that will use the information to determine a recipient for an Honor's Award, Grant or Scholarship.

Parent's Signature if Student under 18

date

Student's Signature if 18 or older

date