



*"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, 2021.

Forward materials by mail, fax, or email to:

The Foundation of Collier County Medical Society, Inc.  
88 12th St N, Unit 200  
Naples FL 34102  
239-435-7727 fax 239-435-7790  
[www.ccmsfoundation.org](http://www.ccmsfoundation.org)  
[info@ccmsonline.org](mailto:info@ccmsonline.org)



The Foundation of Collier County Medical Society  
88 12th St N Unit 200, Naples FL 34102  
T (239) 435-7727 F (239) 435-7790 info@ccmsonline.org

### HEALTHCARE SCHOLARSHIP APPLICATION 2021

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, 2021.

#### PART I

##### Personal Information

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

DOB \_\_\_\_\_ Permanent Resident of Florida  Yes  No Email \_\_\_\_\_

#### 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 \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

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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 \$ \_\_\_\_\_

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**PART III**

**High School Information**

Name / Location (city & state) \_\_\_\_\_

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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) \_\_\_\_\_

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**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. Submission should be at least 300 words and no more than 800. Type on a separate sheet of paper. Include the following:**
  1. State why you merit consideration as an applicant for the 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.
  2. Discuss your connections (if any) to Collier County.
  3. **Optional:** Have you had to overcome any extreme adversity in your life or pursuit of an education? List any reasons this may help the scholarship committee in their decision.
- 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