

**BELL COUNTY MEDICAL ALLIANCE
SCHOLARSHIP APPLICATION
2016-2017**

CONDITIONS (PLEASE READ CAREFULLY)

To qualify for this scholarship applicants **MUST** have a permanent street address in Bell County AND attend or plan to attend a Bell County College or University.

One scholarship for \$2000.00 will be awarded on a yearly basis to an individual pursuing a degree in a field related to human medicine. Applicants must register for a minimum of 12 academic credit hours per semester.

The scholarship is awarded yearly with one-half applied to the fall semester and one-half to the spring semester. In order to receive the second semester, portion you must maintain a 2.5 grade point average in the fall and you must send a copy of your **official** fall transcript and class schedule for the spring semester to the Medical Alliance address indicated below. Transcripts downloaded from your college web-page cannot be accepted.

NOTE: If you have applied for state and/or federal financial aid submit this application **AFTER** you know the status of those applications. Results are usually available by late March or early April.

Checklist

- Fill in **all** spaces on the application's 5 pages
- Sign and date application
- Include the following:**
- A **one-page typed** essay stating your needs, any obstacles you have overcome, educational and personal for the next year and long range medical career goals.
- Current official transcript from high school AND college if applicable
- Three letters of recommendation from individuals who can tell us about your character, commitment and/or academic potential.
- Authorization to Release Financial Aid and GPA Information form

Signature

Date

**Return NO LATER than April 25th, 2016 to:
Bell County Medical Alliance
C/o Misty Dollar
2401 Canyon Springs Drive
Belton, TX 76513**

Applications post-marked after April 25, 2016 will not be considered.

**BELL COUNTY MEDICAL ALLIANCE
SCHOLARSHIP APPLICATION
2016-2017**

PERSONAL INFORMATION

Last Name First Middle Sex Phone

Mailing Address City Zip Email
(Must be resident of Bell County)

Date of birth Social Security No. Marital status No. of Dependents

Street Address (if different from mailing address) City Zip

ACADEMIC INFORMATION

HIGH SCHOOL _____ GRADUATION DATE _____

GPA based on _____ / _____ / _____
Point Scale Class Rank Number in Class Cumulative Academic GPA College GPA

SAT _____ / _____ / _____ **and/or** ACT _____ / _____ / _____ / _____ / _____
Critical Reading Math Writing Skills Composite English Math Reading Science

Bell County College/University of Choice _____

Anticipated date of graduation from college _____
Month Year

Chosen Major/Minor Field of Study _____

College Hours Completed (include High School Dual Credit if applicable) _____

FAMILY AND FINANCIAL INFORMATION

Do you plan to work while pursuing your college studies? Yes _____ No _____

How do you plan to finance your college education? State the anticipated percent from each source.

_____ percent from on/off campus work

_____ percent from student loans/scholarship grants

_____ percent from family assistance

_____ percent from personal savings

Have you received this scholarship before? _____ If yes, when? _____

Other Scholarships/Financial Aid for which you have applied and/or been approved:

_____ \$ _____ Received? Yes _____ No _____
_____ \$ _____ Received? Yes _____ No _____
_____ \$ _____ Received? Yes _____ No _____

Applicant's Current Employment Experience (if applicable)

Location; _____ Salary _____

Duties: _____

Current Employment of Spouse (if applicable):

Location: _____ Salary _____

Family annual income range: (circle one – include Parent(s) income if they are involved)

Under \$35,000 \$35,000 - \$80,000 \$80,000 - \$110,000 \$110,000 - \$150,000 Over \$150,000

Father's Name _____

Street Address _____
City Zip

Father's Employer _____

Mother's Name _____

Street Address _____
City Zip

Mother's Employer _____

Ages, grade in school or occupation of other children in your family:

Additional information you would like the committee to consider. *(Attach additional paper if necessary)*

School Activities _____

(Attach additional paper if necessary)

Offices Held in School and other Organizations

Community Service Experience (Briefly Explain)

(Attach additional paper if necessary)

(Attach additional paper if necessary)

Special Honors or Recognitions

(Attach additional paper if necessary)

PERSONAL ESSAY: Write a well-constructed and **typed one-page** essay on a separate sheet of paper. Include the following:

1. Your needs
2. Personal goals for the next year
3. Any obstacles you have overcome
4. Long range medical career goals

**BELL COUNTY MEDICAL ALLIANCE
SCHOLARSHIP APPLICATION
2016-2017**

Authorization to Release Financial Aid Information

For those students receiving or anticipating any other financial aid, please sign below for your financial aid information to be released by your college or university to the Bell County Medical Alliance.

I authorize permission for my financial aid and grade information to be released to the Bell County Medical Alliance,

Signature

Date