**MEDICAL SCHOLARSHIP**

Fire Science / EMT / Nursing / Radiology / Dental / Nutrition Program

(NOT limited to these fields)

ELIGIBILITY

1. Be a female Sweet Home High School senior or graduate.
2. Pursue a certificate program, degree program or transfer program in the area of Medicine.
3. Have a minimum accumulative GPA of 2.5.
4. Complete the application form secured from the Guidance Office of Sweet Home High School.
5. Have the form turned into the office by the due date.
6. Include two letters of recommendation from a teacher, administrator or employer.
7. Include a transcript of grades.
8. Post High School or renewal applications will also be considered.

CONDITIONS OF AWARD

1. Amount of the award will be $500. Checks will be distributed and made payable to the attending school.

CRITERIA FOR SELECTION

1. A selection committee will consist of
	1. Fire Chief
	2. SHFD Women’s Association President
	3. SHFD Women’s Association Secretary/Treasurer
	4. One member of SHFD Women’s Association, chosen by the Association President
2. Criteria for selection
	1. Financial need
	2. Participation in academic, community or school sponsored activities

INSTRUCTIONS

1. Complete the application, with the requested information on the following pages.
2. This application is due in the High School guidance office no later than May 1st.
3. FAFSA needs to be filed.

**APPLICANT INFORMATION**

DATE: \_\_\_\_\_\_\_\_\_\_ APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/LEGAL GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION & COMPANY WHERE EMPLOYED:

FATHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SELF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT GPA: \_\_\_\_\_\_\_\_ OTHER SCHOLARSHIP ASSISTANCE? YES NO AMOUNT: \_\_\_\_\_\_

**EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_

TERM BEGINS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_\_\_\_\_\_\_\_\_

TUITION PER TRIMESTER/SEMESTER: \_\_\_\_\_\_\_\_\_\_\_ T S PAYMENT DUE DATE: \_\_\_\_\_\_\_\_\_

**CHARACTER REFERENCES: (MINISTER, EDUCATOR, SUPERVISOR, ETC.)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YRS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YRS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST HONORS AND AWARDS**

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**LIST ACTIVITIES (School and Community)**

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**WRITE A BRIEF STATEMENT DISCUSSING YOUR EDUCATIONAL AND CAREER GOALS**

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**WRITE A BRIEF STATEMENT ON YOUR FINANCIAL NEED**

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| Have you filed a FAFSA? | If so when? |

**WORK EXPERIENCE**

 Company Name Dates Employed

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**FINANCIAL INFORMATION**

Resources for the Expenses for the

School year $ Amount School year $ Amount

|  |  |  |  |
| --- | --- | --- | --- |
| Net Income Monthly |  | Tuition |  |
| Spouse’s Net Income |  | Books & Supplies |  |
| Child Support Income |  | Rent/House payment |  |
| Aid to Dependent Child/ren (ADC)(Child support) |  | Food/Utilities |  |
| Savings |  | Child Care |  |
| Grants |  | Medical/Dental |  |
| Loans |  | Transportation |  |
| Other Income |  | Personal |  |
| Parents (Help for student) |  | Loan/Credit card payments |  |
| Other non taxed income |  | Insurance Premiums |  |
| Other:  |  | Other:  |  |
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 Applicant Signature Parent/Guardian Signature

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 Date Date