

## **Taylor-Jones-Haskell-Callahan County Medical Society Alliance Scholarship Fund**

This scholarship fund was established in the early 1970's as a result of Health Careers Day for students interested in the ancillary fields of medicine. Since that time, the Alliance has continued to support the scholarship cause. The purpose of the scholarships is to encourage big country students to pursue careers as physicians, nurses, and other health care professionals.

### **Eligibility**

Scholarships are awarded on the basis of scholastic ability, character, financial need, and school and community achievements. Applicants **must** be a resident of **Taylor, Jones, Haskell or Callahan County** for at least one year and applicants may reapply.

### **Award**

Up to \$1,000 annual award is provided per student which may be used for tuition and books. The funding is paid to the student's selected college/university to be applied to the student's account.

### **Selection Committee**

The Selection Committee for this scholarship is the Taylor-Jones-Haskell-Callahan County Medical Society Alliance (*TJHC County Medical Society Alliance*). The selection committee will not consider race, creed, color, national origin or sex of any student in its deliberations.

### **Application Process**

A standard application form shall be completed by each applicant and attached with an essay, transcript, reference forms and signed certification statement. *Note: By submitting an application for the TJHC County award, a student is automatically submitting an application for the Tillie Odam Memorial Scholarship Award.* The due date for applications is set by the Taylor-Jones-Haskell-Callahan County Medical Society Alliance and is **April 1, 2010**.

### **Selection of Recipient**

If selected, the scholarship funding will be forwarded to the business office of the school chosen by the scholarship recipient upon receipt of a letter informing the Alliance treasurer of the student's enrollment at that institution. The funding shall be applied to the student's tuition account at that institution. Any unused portion of this award will be returned to the TJHC County Medical Alliance Scholarship Fund and not refunded to the student.

### **Scholarship Criteria or Application Questions**

All applications must be printed and mailed to the Taylor Jones Haskell-Callahan County Medical Society Alliance, Attn: Scholarship Chairman, P. O. Box 420, Abilene, Texas 79604, and include all required supporting documentation. Questions: contact Jody DePriest at 690-9584 or [depriest1@suddenlink.net](mailto:depriest1@suddenlink.net).

**TAYLOR-JONES-HASKELL-CALLAHAN COUNTY MEDICAL SOCIETY ALLIANCE  
SCHOLARSHIP APPLICATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_

*(Circle):* Male / Female, Married / Single / Divorced, U.S. Citizen / Legal Resident, Other \_\_\_\_\_

# Siblings you have & ages \_\_\_\_\_ # children you have & ages \_\_\_\_\_

How many years have you lived in Taylor-Jones-Haskell or Callahan County \_\_\_\_\_

**PREVIOUS EDUCATION: HIGH SCHOOL AND/OR COLLEGE INFORMATION**

HS NAME \_\_\_\_\_ City/State \_\_\_\_\_ Grad.Yr. \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_

College/ Univ. \_\_\_\_\_ # credits earned \_\_\_\_\_ GPA: \_\_\_\_\_ Degree Earned: Yes / No \_\_\_\_\_

**TRANSCRIPT (Please send your MOST RECENT full-time student transcript by April 1)**

College/Univ./medical training you are or plan attending next fall \_\_\_\_\_

Medical Certification being sought \_\_\_\_\_ Have you been accepted? Yes / No \_\_\_\_\_

Estimated college expenses next year: Tuition \$ \_\_\_\_\_ Room/Board \$ \_\_\_\_\_

Father: Name \_\_\_\_\_ employer/occupation \_\_\_\_\_ highest level ed. \_\_\_\_\_

Mother: Name \_\_\_\_\_ employer/occupation \_\_\_\_\_ highest level ed. \_\_\_\_\_

Estimate YOUR PARENTS last years gross (before taxes) Annual Income, *circle one:*

<\$10,000, \_\_\_\_\_ <\$20,000, \_\_\_\_\_ <\$40,000, \_\_\_\_\_ <\$60,000, \_\_\_\_\_ <\$80,000, \_\_\_\_\_ <\$100,000/year.

Estimate YOUR and (if married) SPOUSE'S last years gross (before taxes) Annual Income, *circle one:*

<\$10,000, \_\_\_\_\_ <\$20,000, \_\_\_\_\_ <\$40,000, \_\_\_\_\_ <\$60,000, \_\_\_\_\_ <\$80,000, \_\_\_\_\_ <\$100,000/year.

(If requested, please be prepared to offer page 1 & 2 of your tax return). Do you receive living expense or

Education expenses from your parents or relatives? Explain \_\_\_\_\_

Have you applied for Federal/State student financial aid (FAFSA)? *(Circle) YES NO ....List all funds received in scholarships awarded, grants awarded (federal, Pell, State) and assistance offered by University/college:*

List all financial assistance applied for but not yet awarded. \_\_\_\_\_

List your work experience for the last 4 years including employer / position / hours/ week worked.

## REFERENCES

Two non-related adult references from teachers and one non-related adult reference from someone that has known you more than one year. The references should be mailed to Taylor-Jones-Haskell-Callahan County Medical Society Alliance, Attn: Scholarship Chairman, P.O. Box 420, Abilene, TX, 79604 and post marked by April 1st. The letters should be mailed by the person providing the student evaluation. It is the student's responsibility to follow up on the requested reference letters to assure they are mailed prior to the due date.

## ESSAY

On a separate piece of paper in 100-200 words, TYPE an essay describing, *"Why you want to pursue a medical career."* Please include specific information such as your career goals, personal challenges, motivating factors, life goals, work experience, and any other awards or experiences that will help us in evaluating your application. Please use the essay to explain your financial need and how this scholarship is useful to you along with the other support you receive. Please take it seriously: be thorough and complete. The essay must be the Applicant's original work.

## CERTIFICATION

I certify that all of the information on this form is accurate and complete to the best of my knowledge. The application package becomes the property of the TJHC County Medical Society Alliance Scholarship Committee and will not be returned or acknowledged. Falsification of information may result in termination of any scholarship granted. I further certify that the essay included is my original work. I understand that all references are confidential and that no one, including myself, other than the Selection Committee members, may examine them. I certify that my Gross Income Level indicated on this form is accurate and complete to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Each undergraduate recipient must take at least 12 semester hours (post graduate recipient must take at least 9 hours) and maintain a 3.0 gpa in order to remain scholarship eligible.

Applications must be postmarked no later than April 1st, 2010. *Incomplete applications postmarked after the deadline will not be considered. Application reference letters must be mailed by the letter writer and postmarked by April 1st.*  
PLEASE WRITE OR TYPE LEGIBLY.

Mall to:  
TJHC County Medical Society Alliance,  
Attn: Scholarship Chairman  
P.O. Box 420  
Abilene, Texas 79604

For questions relating to this application call or email:  
Jody DePriest ---690-9584  
[depriest1@suddenlink.net](mailto:depriest1@suddenlink.net)

**TAYLOR-JONES-HASKELL-CALLAHAN COUNTY MEDICAL SOCIETY ALLIANCE  
SCHOLARSHIP APPLICATION CHECKLIST**

- Completed Application Form/ Signed Certification Statement.**
- Completed Essay.**
- Official copy of High School Transcript If attended less than one year of college.**
- If a current high school graduate, include transcript through Fall semester senior year**
- If in college, official copy of current college or university transcript.**
- Optional one page resume may be attached.**

**NOTE: When submitting an application for a TJHC County Medical Society Alliance Scholarship, an applicant will also be considered for The Tillie Odam Memorial Scholarship which is a one-year \$1,000 (non-renewable) Scholarship Award. The Selection Committee will notify the Community Foundation of the chosen recipient and funding will be through the Community Foundation.**

**All requirements must be included with this application. Applicant Reference forms must be mailed separately. *Incomplete application packets or packets mailed after the deadline will not be considered.* Application packets and individually mailed reference forms must be postmarked no later than April 1st. Mail to:**

**TJH Medical Society Alliance Scholarship Chairman  
P.O. Box 420  
Ablene, TX 79604**

**For questions relating to this application call or email:**

**Jody DePriest**

**690-9584**

**[depriest1@suddenlink.net](mailto:depriest1@suddenlink.net)**