

Stark County Medical Society Auxiliary-Charitable Fund Scholarships applications are available for the 2008-2009 academic year. Applicant eligibility criteria include:

1. Resident of Stark County.
2. Enrolled in an accredited health care program in the State of Ohio. Students are encouraged to apply once they have completed a year of their professional study. Consideration is given to students who are within one to two years of completing their course of study.
3. Complete application received by the deadline of May 1, 2008.
4. Available for scholarship committee interview on assigned date/time. Interviews requested at the discretion of the committee.
5. One time scholarships are awarded for tuition expenses. (Scholarship awards are mailed directly to the applicant's school financial aid office.)

Correspondence: **E-mail:** scmsascholar@hotmail.com

Applications may be mailed to:

Stark County Medical Society Auxiliary-Charitable Fund
Scholarship Committee
C/O Stark County Medical Society
4942 Higbee Avenue NW, Suite L
Canton, OH 44718

**STARK COUNTY MEDICAL SOCIETY AUXILIARY – CHARITABLE FUND
2010 SCHOLARSHIP APPLICATION**

APPLICANT INFORMATION:

Full Name _____ Social Security Number _____ Date of Birth ____/____/____

Permanent Address _____
STREET CITY STATE ZIP CODE COUNTY

Phone _____ E-mail _____ Marital Status _____ Dependents/ages: _____

Have you previously received a SCMSA-CF scholarship? Yes No

PARENT INFORMATION:

Full Name (s) _____ Occupation(s) _____

Address _____
STREET CITY STATE ZIP CODE COUNTY

Number/age of dependents _____

EDUCATION:

High School _____ Year of Graduation _____ GPA _____ College _____ GPA _____

College Financial Aid Mailing Address: _____

Graduation Year _____ Course of Study _____ Degree _____ Credit Hours Completed _____

Activities _____

Awards /Honors _____

*Provide a copy of grades in health care related field of study.

EXPENSES/INCOME:

*Provide a statement of tuition/fees from the university/college for the 2008 / 2009 academic year.

Scholarships/Financial Aid **applied** for and amounts:

Scholarships/Financial Aid **received** and amounts:

ESSAY:

*Attach a personal statement, no more than one typed page, stating why you would like to receive this scholarship.

REFERENCES:

*Request a letter of references from one teacher and one professional person/employer be mailed to:

SCMSA-CF Scholarship*C/O Stark County Medical Society*4942 Higbee Ave. NW, Suite L*Canton, OH 44718

*References letters must be postmarked by May 1, 2008.

QUESTIONS: E-mail: scmsascholar@hotmail.com

TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS ACCURATE. I UNDERSTAND THAT I MAY NEED TO BE PRESENT FOR A SCHOLARSHIP COMMITTEE INTERVIEW ON AN ASSIGNED DATE/TIME CHOSEN BY THE SCHOLARSHIP COMMITTEE.

SIGNATURE _____ DATE _____

OFFICE USE: Application complete/postmarked by May 1: YES/NO Essay: YES/NO Reference #1__ Reference #2__ Interview date/time: _____