



# SCHOLARSHIP APPLICATION

The purpose of this scholarship is to assist an aspiring medical student that has demonstrated his/her commitment to community service and the desire to further his/her education in the medical field.

## **CRITERIA:**

Applicant must be entering or continuing an accredited college or university with the intentions of majoring in a medical field, (including, but not limited to nursing, physical therapy, administration, radiology, etc.)

## **SCHOLARSHIP AMOUNT:**

CMC will award one scholarship in the amount of \$5000 and it will be paid in the amount of a maximum of \$2500 per semester (not to exceed actual cost of tuition, books, and supplies). Additional scholarship(s) may be awarded at the discretion of the CMC Board of Directors.

**REQUIRED DOCUMENTATION** – new applicants must supply ALL of the following items; returning applicants (having received the scholarship previously) must supply only items #1 and #2.:

1. Completed application
2. Copy of most recent certified school transcript
3. Proof of admission to the school
4. Provide a separate document outlining your community involvement and volunteer work
5. List previous work experience
6. Essay describing what person or event has most inspired you to choose this field (no more than 250 words)
7. At least 2 letters of recommendation (prefer one to be from guidance counselor or principal)

Failure to provide ALL required documents and/or information may disqualify applicant from consideration.

\*Note, all prior recipients must reapply to be considered for annual scholarships (applicant must maintain a 2.8 GPA or greater to reapply.)

\*By applying for scholarship, applicants agree to have photo and announcement published in local newspapers and on website. The Clingman Medical Center Board of Directors will award scholarship checks to recipients upon receipt of photo.

**Your completed application and documentation must be sealed and should be RECEIVED no later than March 15. All applications MUST be sent via U.S. mail only, to:**

**Clingman Medical Center & Express Care  
PO Box 171  
Ronda, NC 28670  
Att: Scholarship Committee**

Applications dropped off at Clingman Medical Center, mailed to any other address, and/or sent by any other method WILL NOT be honored.



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## APPLICANT INFORMATION *(to be filled out by the student)*

Name *(First Middle Last)*: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## EDUCATION INFORMATION:

Class Level: \_\_\_\_\_

Present school or occupation: \_\_\_\_\_

Other schools attended: \_\_\_\_\_

Degrees already achieved (if any): \_\_\_\_\_

School preference (first choice): \_\_\_\_\_

(second choice): \_\_\_\_\_

What general course of study are you planning to pursue? \_\_\_\_\_

\_\_\_\_\_

Scholarships already received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you intend to pay for school? *(check all that apply)*

\_\_\_\_\_ Family \_\_\_\_\_ Self \_\_\_\_\_ Loan \_\_\_\_\_ Scholarships

Where will you live while attending school?

\_\_\_\_\_ Dormitory \_\_\_\_\_ At Home \_\_\_\_\_ Rented Room

Please list in what year(s) if you have previously applied or received the Clingman Medical Center Scholarship and the amounts awarded. \_\_\_\_\_

\_\_\_\_\_