

APPLICANT'S NAME: _____



2018 HEALTH CAREER SCHOLARSHIP APPLICATION

SEND COMPLETED APPLICATION TO:

SCHOLARSHIP COMMITTEE
SOLANO COUNTY MEDICAL SOCIETY
3273 Claremont Way #205
Napa CA 94558

or Email to:

exec@ncms.com

For more information: www.scms-ncms.org

APPLICATION DEADLINE: June 29, 2018

APPLICANT'S NAME: _____

Solano County Medical Society - Health Careers Scholarship Application

Who can apply?

1. Students who are currently enrolled in the Touro University – College of Medicine program and a current member of the AMA/CMA/SCMS club. Applicants who have been accepted to enroll in 2018 are also eligible (Please provide acceptance letter).
2. Medical Students who are currently enrolled in any medical school and applicant's parent is a current, active member of the Solano County Medical Society. Applicants who have been accepted to enroll in 2018 are also eligible (Please provide acceptance letter).

Application Requirements: (Attachments)

1. Financial need statement. Attach a separate sheet outlining financial need in short essay form.
2. Current academic transcript.
3. Two letters of recommendation from current instructors or current employers,
4. Completed Application.

PERSONAL HISTORY

Date of Birth: _____

Name: _____

Address: _____

Phone: _____

Email Address: _____

Parents Name: _____

Parents Address: _____

APPLICANT'S NAME: _____

FINANCIAL INFORMATION

Annual Education Expenses:

Tuition and fees: _____

Books: _____

Rent/Mortgage: _____

Travel (for school): _____

Other (uniforms, child care, etc.): _____

OTHER INCOME SOURCES (Financial aid, Employment, Family, other scholarships, etc.)

ACADEMIC INFORMATION

1. What program have you been accepted to/or are attending? _____

2. Why did you choose this program? _____

3. Current GPA _____ (Include most recent progress report and/or transcript)

APPLICANT'S NAME: _____

PROFESSIONAL GOALS

Please provide a brief personal statement to help us know you and understand your goals by addressing the following questions:

1. When did you begin to focus on a career in Health Care? _____

2. What are your professional goals? _____

3. Who has inspired you most in choosing this profession? _____

COMMITMENT TO COMMUNITY

How do you give back to your community? _____

Make sure your application is complete. Incomplete applications will not be considered. The Committee will notify all applicants of their decision on or around July 31, 2018. Thank you.