DATE: February 7, 2015

TO: Student Counseling or Financial Aid Office

FROM: Stanislaus Medical Society Alliance

RE: SMSA Health Careers Scholarships

The Stanislaus Medical Society Alliance is pleased to offer scholarships for further education in health careers for the ensuing 2015-2016 academic year. Application requirements for scholarships are as follows:

1. Student must be residents of Stanislaus County.

2. Students must be enrolled or planning to enroll in medicine or nursing. Other health-related fields are not eligible.

3. Students must demonstrate academic qualities compatible with chosen health program.

4. The financial need of the student may be taken into consideration.

5. Application must be completed and received by March 31, 2015.

Please make the necessary copies of enclosed application (4 pages) and distribute to any students who may qualify. Applications will be reviewed by the SMSA Scholarship Committee. Please return the completed application to:

Stanislaus Medical Society Alliance
Health Careers Scholarship Committee
P.O. Box 576007
Modesto, CA 95357-6007

If you have any questions, please contact the Stanislaus Medical Society office at (209) 527-1704.

Sincerely,

[Signature]

Cherrie Llewellyn
Scholarship Committee Chairperson
STANISLAUS MEDICAL SOCIETY ALLIANCE
HEALTH CAREERS SCHOLARSHIP APPLICATION

INSTRUCTIONS:

This application should contain all pertinent information requested. Our first impression of you will be this application, so complete it thoughtfully and carefully. We are interested not only in statistics, but in the candid expression of your ideas. The completed application and enclosures should be sent to SMSA, Attention: Health Careers Scholarship Committee at the address shown below. All applications will be reviewed by the Committee and treated in a confidential manner.

GENERAL:

1. Full Name: ____________________________ Phone: ____________________________

2. Address: ________________________________________________________________

3. Birth Date: ____________________________ Place of Birth: ______________________

4. Social Security Number or College ID Number __________________________________

5. Name of High School Graduating from: _________________________________________
   ____________________________ Date of Graduation: ____________________________

6. Name and Address of accredited schools or colleges to which you have applied: ______________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   (a) Have you been accepted?
   __________________________________________________________________________

   (b) In what field do you intend to major?
   __________________________________________________________________________

   (c) Where do you intend to live while attending this College or University?
   __________________________________________________________________________
FAMILY:

1. Father:
   (a) Full Name: 
   (b) Home Address: 
   (c) Father’s Occupation: 
   (d) Name & Address of Employer: 

2. Mother:
   (a) Full Name: 
   (b) Home Address: 
   (c) Mother’s Occupation: 
   (d) Name & Address of Employer: 

3. Dependents:
   (a) List below all financially dependent children, other than yourself:

   Name __________________  Age ______  Grade/Occupation __________________

   Name __________________  Age ______  Grade/Occupation __________________

   Name __________________  Age ______  Grade/Occupation __________________

   Name __________________  Age ______  Grade/Occupation __________________

   (b) List below any other dependents receiving financial support from your family:

   Name __________________  Age ______  Grade/Occupation __________________

   Name __________________  Age ______  Grade/Occupation __________________

4. Marital Status: Single ______ Married ______ Divorced _______

   (a) Spouse’s Name: ________________________________

   (b) Spouse’s Occupation: ________________________________

   (c) Name & Address of Employer: ________________________________
5. Do you have children: ________ If so, how many? ________ Age(s) ____________________________

6. Are you employed? ________ What is your position? ____________________________
   (a) Name & Address of Employer? ____________________________
   (b) How many hours per week? ____________________________

FINANCES:
1. Annual Family Income: ____________________________
   (a) Parents: ____________________________
   (b) Yourself: ____________________________
   (c) Spouse: ____________________________

2. Yearly Estimated Costs:
   Tuition and Required Fees ____________________________
   Books, Instructional Equipment & Materials ____________________________
   Clothing ____________________________
   Room and Board ____________________________
   Personal and Recreational ____________________________
   Other ____________________________ TOTAL ____________________________

3. What are your plans for financing future training? ____________________________
   (a) Amount you have saved for this purpose: ____________________________
   (b) Amount you can expect from your parents or other sources (per year): ____________________________
   (c) Amount received from other scholarships: ____________________________
   (d) Additional scholarships for which you have applied: ____________________________
4. Explain any special family circumstances the Committee should know about, (i.e. divorce, separation, dependencies, illness, special housing problems, etc). If other children are in college (or heading for college), state amounts it will cost.


ACTIVITIES:
List what school activities, clubs, or sports have you participated in, including offices held and academic honors earned.


OTHER REQUIREMENTS - TO BE RETURNED WITH YOUR APPLICATION

1. Two (2) signed letters of recommendation. At least one letter must be written by a teacher or counselor from your current school on school stationary.

2. Personal letter (one page or less) stating: additional information about yourself, educational purpose, and career goals.

3. Official transcripts of all grades earned in high school or college.

______________________________  ________________________________
Signature                      Current Address

______________________________
Date

Please return your completed application and information to:
Health Careers Scholarship Committee
Stanislaus Medical Society Alliance
P.O. Box 576007
Modesto, CA 95357-6007