



LIMA & ALLEN COUNTY MEDICAL ALLIANCE
PHYSICIANS' SPOUSES DEDICATED TO THE HEALTH OF AMERICA

January 1, 2012

To Whom It May Concern:

The Lima and Allen County Medical Alliance will offer a scholarship of up to one thousand dollars to a deserving senior or recent graduate who will be entering college for the first year of studies pursuing a human health / human science based career. We would appreciate your help in publicizing and distributing the application forms at your school. Please copy the application form as needed.

Scholarship qualifications are as follows:

- Applicant must be enrolled in or have applied to an **Ohio** school of higher education entering the first year of studies.
- Applicant must enter into a **human health / human science based field of study**.
- Applicant must have maintained at least a **3.0 GPA** on a 4.0 scale in high school.
- Applicant must demonstrate **financial need**.
- Applicant must include all of the following information:
 1. Legibly completed and signed application form
 2. Letter of recommendation (please include a phone number of the person providing the recommendation)
 3. Official high school transcripts (including GPA, class rank, and graduation date)
 4. Standardized test scores (including ACT and/ SAT)
 5. A **typed and signed one-page** personal statement from the student as described on the application form.

Applications will be evaluated on the student's academic record, financial need, activities/involvement, written communication skills, and letter of recommendation. An interview may be requested. Proof of income will be required from the selected finalist(s).

Incomplete applications will not be considered.

Applications must be **POSTMARKED** by **March 1, 2012**.

Notification of the scholarship award will be made in early April.

If you have any further questions, please contact Connie Baker, Scholarship Chairperson, at 419-222-1370.

List the schools where you have applied. Circle those to which you have been accepted. Mark with a star the school you have chosen to attend.

What human health / human science based field do you plan to study?

List the activities that best reflect you as a person and what is important to you. Please list no more than 5. Your list may include clubs, sports, community activities, extracurricular activities, volunteer work, employment history, etc. You will have the opportunity to elaborate on one of these activities in your personal statement. Attachments will not be considered for this list.

<u>Activity, Organization, or Employer</u>	<u>Hours/week</u>	<u>Dates of Activity or Employment</u>
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THIS COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING ATTACHMENTS IN ORDER TO BE CONSIDERED:

- **A TYPED AND SIGNED ONE-PAGE STATEMENT** about yourself.
 - Explain why you are applying for this scholarship.
 - Explain what has influenced your choice of human health/science-based majors.
 - Describe the activity or organization that you have enjoyed the most throughout high school and what knowledge or skill you have gained by participating in this activity.
- A copy of your **TRANSCRIPTS** (including GPA, ACT and/or SAT test scores, class rank, and number of students in your class)
- One **LETTER OF RECOMMENDATION**

I certify that all items on this application are true and accurate to the best of my knowledge. I understand that intentional misrepresentations will result in withdrawal of any awards given to me.

Signature _____ Date _____

Please complete all items legibly and include all requested items. Incomplete applications will not be considered.

Send completed forms to:

L.A.C.M.A. Scholarship
P.O. Box 1647
Lima, Ohio 45802

Lima and Allen County Medical Alliance Scholarship Application

Applications are accepted from students attending high school in **Allen, Auglaize or Putnam Counties**. Applicants must be entering the first year of college in a **human health / human science based field at an Ohio school of higher education**. Applicants must have at least a **3.0** cumulative high school GPA on a 4.0 scale and must demonstrate financial need. A letter of recommendation is required, along with an **official copy of your high school transcript, standardized test scores, class rank, and graduation date**. Include a **TYPED AND SIGNED ONE-PAGE STATEMENT** with the information outlined on page two of this application. Your application will be evaluated on your academic record, financial need, activities/involvement, written communication skills, and letter of recommendation. An interview may be requested. Winners will be required to submit copies of family income tax returns as proof of income. Notification of the award will be made in early April.

Applications must be complete, legible, and **postmarked by March 1st** of this year in order to be considered.

Student Information

Name _____
 Address _____
 City _____
 Zip Code _____ County _____
 Phone _____ Date of Birth _____
 Social Security Number _____
 Married? No ___ Yes ___ Spouse's Name _____

Present School Information

Name _____
 Address _____
 City _____ Zip Code _____
 Graduation Date _____
 Name of person providing recommendation letter _____
 Position _____ Phone _____

Family Information

Father

Name _____
 Address _____
 Place of Employment _____

Mother

Name _____
 Address _____
 Place of Employment _____

Financial Information

WHAT WAS YOUR TOTAL HOUSEHOLD INCOME LAST YEAR? * \$ _____

WHAT IS THE ANTICIPATED TOTAL HOUSEHOLD INCOME THIS YEAR? * \$ _____

*Include all sources of financial support, such as from your own earnings, parents, stepparents, spouse, child support, alimony, social agencies, sale of property or stock, etc. Winner will be required to submit copies of family income tax returns as verification of income.

HOW MANY PEOPLE (including yourself, siblings, parents, etc.) **ARE DEPENDENT UPON THIS INCOME?** _____

Please explain differences in annual income or any unusual financial demands that will be made on your family during the next year:

Continue on other side