

Dear Guidance Counselor:

Sia Yorker Medical/Science Scholarship Foundation for High School Seniors began in 2011 in memory of 19-year-old Sia Christine Yorker. One of the goals of the foundation is to award scholarships to deserving Central Florida high school students who will be a full-time student in an accredited Florida college or university pursuing a Medical Science Degree. The foundations purpose is to educate and bring awareness of signs and symptoms of Acute Brain Hemorrhages and other adverse brain conditions.

In connection with these goals, the Scholarship Board has approved Nine (9) scholarships ranging from \$500.00-\$1500.00 to be awarded to (9) Central Florida graduating high school seniors who will be full-time students in an accredited Florida College or University pursuing a **Medical Science Degree starting in 2020.**

Enclosed you will find a copy of the **revised** Scholarship Application. Previous scholarship application forms **will no longer be used.** We appreciate you making copies of the applications available to the seniors in your high school.

Completed applications must be **received** on or before **Friday, February 21, 2020. Again, all Scholarships received after Friday February 21, 2020 will not be considered.**

The Scholarship Board will complete the selection process, and students selected will be notified on or before **March 2nd, 2020**, in preparation for Sia Yorker Brain Awareness Medical Scholarship Banquet **Saturday March 7th 2020, 12 Noon** at the Orlando Lake Mary Marriott, 1501 International Parkway, Lake Mary, Florida 32746.

All Scholarship recipients must attend the Scholarship Banquet and be accompanied by a parent or family representative.

We thank you for your assistance.

Respectfully,

Mrs. Paula E. Yorker
Scholarship Chairman

**SIA YORKER BRAIN AWARENESS MEDICAL/ SCIENCE
SCHOLARSHIP FOR HIGH SCHOOL SENIORS**

PURPOSE: To provide scholarships to Nine (9) deserving Florida high school graduating seniors pursuing a Medical/Science degree as a full-time student in a Florida College or University.

AWARD COMPONENTS: Amount of scholarships will range from \$500.00-\$1500.00 to include individual certificates awarded to the nine students selected by Sia Brain Awareness Scholarship Board.

CRITERIA:

1. Applicant must have a 3.2 Grade Point Average to apply.
2. Applicant must be Central Florida resident.
3. Applicant must be a graduating high school senior in the year of the award.
4. Applicant must be enrolled as a full-time student (freshman) in a Florida College/University in the coming academic year pursuing a Medical/Science degree.

APPLICATION PROCESS: (APPLICANT MUST SUBMIT)

1. A complete **typed** application form. **Handwritten and/or incomplete applications will not be considered).**
2. Letter of application addressed to the Scholarship Board. **(5 Points)** The letter should contain a brief explanation of career goals and family history information. **(Letter must be signed by applicant)**
3. Recommendation letters **(3). All 3 letters must be on letterhead. (10 Points)**
 - (1) Letter from the student's high school teacher.
 - (1) Letter from a school administrator.
 - (1) Letter from a community leader.
4. A 600-700 Word Essay. "What Inspired Me To Go Into Medicine" **Please use computer word count. (60 Points) Double sided and or single space essays will not be considered).**
5. A complete high school transcript **(sealed envelope/unopened)** with cumulative grade point average of a minimum of 3.2 and class standing/rank.
6. **Note:** Students are asked to submit a brief letter or email of their college progress each semester to the foundation for the first year for placement in our newsletter for foundation partners viewing, and to serve as an encouragement for future scholarship recipients.

All applications must be received on or before Friday, February 21, 2020. Applications received after this date will not be considered.

- A College/University acceptance letter is required prior to Scholarship funds being awarded during Senior Awards Night.
- Should any of the chosen recipients of the scholarship fail to attend an accredited Florida college or university the following fall term, the recipient must return awarded scholarship funds immediately.

**SIA YORKER BRAIN AWARENESS MEDICAL/SCIENCE
SCHOLARSHIP FOR HIGH SCHOOL SENIORS**

Student Application

Please read this form carefully and answer each question completely. Your application **Will Not** be considered if all the questions are not answered in full. Your application **MUST BE TYPEED.**

PERSONAL DATA

Full Name _____
 First **Middle** **Last**

Address _____ Telephone# _____

City/State _____ Zip _____

Full Name and Address of Parents or Guardians:

Father _____	Mother _____
_____	_____
_____	_____

Name of Local Newspaper _____

EDUCATIONAL INFORMATION

High School _____

High School Address _____

City	State	Zip
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Where do you plan to attend college? _____

College or University address _____

Have you currently applied for admission? Yes ___ No ___ Accepted? Yes ___ No ___

Proposed major? _____

What is your grade point average? _____. Class rank? ____

If available, highest ACT or SAT score _____

**SIA YORKER BRAIN AWARENESS MEDICAL/SCIENCE
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Please list high school honor classes, and or college dual enrolled courses, year taken, and grade received. (Use additional sheets if needed). (5 Points)

1. _____
2. _____
3. _____
4. _____

AWARDS: Please list below (5 Points) (Use additional Paper if needed)

ACTIVITIES/ORGANIZATIONS: Please list activities/organizations in school and outside of school. Indicate offices held and accomplishments while in office. (Use additional paper if needed) (5 Points)

Have you completed 100 hours Community Service? Yes ___No ___

VOLUNTEER WORK EXPERIENCE: (10 Points) Include supervisor contact information: (name, telephone# and e-mail address), location of volunteer service, duties performed and volunteer hours.

- **School Youth Partnership volunteer agreement application, and sign in sheet completed and included in the scholarship packet.**

Applicant's Signature

Date

**SIA YORKER BRAIN AWARENESS MEDICAL/SCIENCE
SCHOLARSHIP FOR HIGH SCHOOL SENIORS**

ESSAY GUIDELINES

- A.** Submit a typed and doubled spaced 600-700-word essay on 8 ½ x 11–inch un-ruled paper using 1 ½-inch margins and indented paragraphs. Footnotes, definitions and bibliographies are not counted as part of the essay word count.
- B.** There must be a cover page listing the title of your essay, date prepared, name of your high school along with your name, address and telephone number. The first page of the essay must have the title “What Inspired Me To Go Into Medicine” as its heading followed by the theme. Example Below:

Essay Title/ “What Inspired Me To Go Into Medicine”
Theme (60 **Points**)

- C.** Your Essay should:
1. Be relevant to the theme
 2. Have a clear purpose and support the conclusions reached
 3. Be logical in its organization and development
 4. Use accurate grammar, punctuation, spelling, quotations, etc.
 5. List the complete bibliography of books and other reference materials used to develop the essay at the end of the essay. When the use of terms, quotes or information is used, a bibliography must be submitted.

Total Score _____

***Note: Failure to adhere to the above essay guidelines will result in decreased scoring.**

Submit application packet to:

**Scholarship Board
Sia Yorker Brain Awareness Medical/Science
Scholarship Foundation
P. O. Box 391142
Deltona, Florida 32739**

Please visit website at www.siabrainawarenessfoundation.org to learn more about Sia Brain Scholarship Foundation.