

Family Medical Centers Black History Month Scholarship

This community scholarship is a \$1,000 scholarship opportunity open to graduating African-American seniors planning to attend a post-secondary institution and major in a health-related field of study.

(Recipients will be ineligible for other Family Medical Center and/or Family Medical Centers Community Foundation scholarships)

Approved health-related career paths:

Physician	Physician Assitant	Nurse	Nurse Practitioner
Nurse Midwife	Nurse Aide	Medical Asssitant	Paramedic
Dentist	Dental Hygienist	Surgical Assistant	EMT
Pharmacist	Physical Therapist	Physical Therapist Asst.	Dietician
Pharmacy Technician	Radiology Technician	Speech Pathologist	Optometrist
Opthamologist	Occupational Therapist	Clinical Psychologist	Licensed Professional Clinical Counselor
Licensed Marriage and Family Therapist	Licensed Clinical Social Worker	Respiratory Therapist	Chiropractor
Medical Laboratory Technician	Ultrasound Technician	Mammographer	Dental Assistant

Completed applications <u>must be returned</u> to your high school guidance office by				
	High School:			
_				
lame:				
Mailing Addre	ess:			
Cell Phone: _		Email:		

(Personal information collected on this application will only be used to contact you to verify enrollment status.)

Class Rank:	ACT or SAT Score:	
eceived:		
•		
		-
s, etc.:		
do you plan to attend?		
	ty activities:	ty activities:

	What field of healthcare do you plan to enter? (refer to page 1 to verify your career path is approved) Have you been awarded a scholarship from other sources? If so, please list:				
	Please attach a verified copy of your official transcript. Official transcript must show class ranking (ex. 1/180).				
AUTH	DRIZATION				
and aca	agree to release and provide the Family Medical Centers Community Foundation access to my current and ongoing plemic records and transcripts. If awarded a scholarship, I understand that I must meet the following scholarship criteria Medical Centers Community Foundation.				
enrollm	y agree to provide proof of enrollment to FMC Community Foundation upon receiving an awarded scholarship. Point shall be given in the form of a certified class schedule as well as a copy of college student ID. I understand the scholar control intended for the immediate, upcoming school year and that funds may not be deferred should I decide to delay contation.	larship			
books, j	y agree and understand that any awarded scholarship funds shall be used only for the sole purpose of college credit of arking passes, or other supplies required for courses in which I am enrolled. I understand that failure to use awarded scholarship the above-mentioned items would result in repayment of all scholarship funds awarded by Family Medical Centers Comfon and termination from scholarship program.	larship			
-I hereb	agree that I meet all the requirements of this scholarship application.				
Signati	re Date				

Scholarship Essay

In a minimum of 250 words, please respond to the prompt below. Your entry MUST be typed and double-spaced. Failure to follow directions will result in your application being disqualified. You may type and attach your writing essay as a separate document.

Essay Prompt: You are required to spend the next year of your life in either the past or the future. What year would you travel to and why?