

# St. Johns County Medical Alliance College Scholarship Application

The St. Johns County Medical Alliance represents spouses of St. Johns County physicians. Its purpose is to promote health education, identify and address health-care needs and issues, participate in health-related legislation, and provide college scholarships to St. Johns County students.

The St. Johns County Medical Alliance College Scholarship Program is open to all St. Johns County graduating seniors pursuing an education in *pre-medicine, nursing, or allied health*.

**Pre-medicine** programs prepare people to attend medical school. **Nursing** programs prepare people to care for the sick, infirmed, or disabled. **Allied health** programs prepare people to pursue occupations in direct patient care and support while working with or under physician(s). **Allied health** professionals support, facilitate, and compliment the roles of doctors and nurses.

## Selection Criteria

- Applicants should be St. Johns County graduating seniors pursuing an education in *pre-medicine, nursing, or allied health*.
- Applicants must reside in St. Johns County and plan to begin a program of study, in the fall, at an accredited four-year college/university or a two-year community college.
- Applications are evaluated by impartial members of the St. Johns County Medical Alliance College Scholarship Committee.
- Following the initial evaluation of applications, using a weighted point scale, semi-finalists are selected and asked to participate in an individual interview with members of the selection committee. Once the interviews are completed, finalists are selected and notified by mail or email.
- Scholarship applicants are evaluated according to academic ability, school involvement, community service, and financial need.

## **Application Checklist**

The application becomes valid when you complete the following four steps.

1. Include an official copy of your high school transcript.
2. Provide two letters of recommendation.
3. Submit an essay outlining your goals and aspirations (see page 6).
4. Complete the application, in full, pages 3 - 6.

Please note. Your application will be discarded if the four steps are not completed.

A copy of this application can also be found & printed from [www.sjcma.blogspot.com](http://www.sjcma.blogspot.com).

**The postmark deadline is the last Friday in March.**

Applications should be returned to the following address:

St. Johns County Medical Alliance  
c/o 106 N. Saint Augustine Blvd  
St. Augustine, FL 32080

**Please detach pages 1 and 2 and retain for your records. Please mail only pages 3 to 6. Thank you.**

**For Your Personal Records**

**Record the post marked date you mailed the application to the SJCMA.**

Month

Day

Year

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## Personal Information

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
Street City State

Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Are you a resident of St. Johns County? Yes \_\_\_ No \_\_\_

Name of high school currently attending: \_\_\_\_\_

Pending graduation date: \_\_\_\_\_  
Month Year

Name of university/college you will attend in the fall \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Major or degree program \_\_\_\_\_

Specialty, if decided \_\_\_\_\_

Please check one: \_\_\_\_\_ Pre-Medicine \_\_\_\_\_ Nursing \_\_\_\_\_ Allied Health

## **Financial Information**

Please indicate your family's adjusted gross income from last year's tax return. Please check one.

Under \$15,000 \_\_\_\_\_ \$15,000 to \$35,000 \_\_\_\_\_ \$35,000 to \$50,000 \_\_\_\_\_

\$50,000 to \$100,000 \_\_\_\_\_ Over \$100,000 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of family members living at home \_\_\_\_\_ Number of Children \_\_\_\_\_

Ages of children \_\_\_\_\_

Number in college \_\_\_\_\_

### **Academic Information**

*This section to be completed by your guidance counselor.*

Class Rank: Numerical Position \_\_\_\_\_ Percentile \_\_\_\_\_

Total number in class \_\_\_\_\_

GPA \_\_\_\_\_ Weighted GPA \_\_\_\_\_

Total community service hours (all four years) \_\_\_\_\_

Guidance counselor's name (please print) \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_

**School Activities**

List all school activities in which you have participated during the last 4 years (e.g. student government, music, sports, etc.) Use an extra sheet of paper, if needed.

Use the following format or your application will be discarded.

Activity                      time/week                      # of years                      Special Awards                      Position/Office

**Community Service**

List all of community service activities in which you have participated during the last four years (e.g. non-profit organizations, youth groups, etc.) Use an extra sheet of paper, if needed.

Use the following format or your application will be discarded.

Activity                      time/week                      # of years                      Special Awards                      Position/Office

**Essay**

On this page, write/type a brief essay (100-200 words) describing your goals as they relate to your future education and career. Use a separate piece of paper, if needed.

In conclusion, write two to three sentences, explaining any experiences or persons that have contributed to your achievements to date or have influenced you to pursue an education and career in healthcare.