<u>Tucker McCarty Health Science Scholarship Application</u> <u>2019-2020</u>

This scholarship will be awarded to a graduating senior enrolled in Flagler Hospital Academy of Medical and Health Careers at Pedro Menendez High School, St. Johns County. One scholarship will be awarded annually.

Procedures for Applying:

Submit the following documents:

- □ Completed scholarship application including essay
- **Two recommendations from academic teachers**
- □ Current High School Transcript

Eligibility Requirements:

The applicant must be a 2018-2019 graduate of Flagler Hospital Academy of Medical and Health Careers at Pedro Menendez High School. The applicant must also demonstrate the Six Pillars of Character: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. The applicant must have a minimum unweighted overall grade point average of 3.0. Recipients must enroll full time in a post-secondary degree program beginning with the Fall Term 2020.

On a separate sheet of paper, prepare a single-page essay that describes what you would like to do upon graduation from high school. Indicate why you would like to attend the college you've selected and your reasons for that selection. Also indicate what type of career you hope to pursue once you complete your post-secondary education.

Application deadline is April 10, 2020. Late submissions will not be considered.

Applications should be mailed to: Donna Lueders, INK! (Investing in Kids) 1 Christopher Street St. Augustine, FL 32084-1919

Student Signature

Date

Scholarship Amount:

This is a one-time scholarship of \$1,000. You must enroll full-time during the Fall Term 2020.

Scholarship Application 2019-2020

Name:	
Address:	
Telephone:	
In what post-secondary program/degree	do you wish to enroll?
List extracurricular activities, offices hel	d, and/or honors received while attending high school:
Application deadline is April 10, 2020. Late submissions will not be considered.	
For High Schoo	l Counselor/Principal Use Only
For High Schoo	i obundeloi i i indepui ose o ing
-	ed the following overall G.P.A at the time of application:
I certify that the above student has earne (minimum 3.0 overall).	
I certify that the above student has earne (minimum 3.0 overall).	ed the following overall G.P.A at the time of application:
I certify that the above student has earned (minimum 3.0 overall). Do not certify or submit this application	ed the following overall G.P.A at the time of application: if applicant does not meet the minimum requirements.
I certify that the above student has earne (minimum 3.0 overall). Do not certify or submit this application Guidance Counselor Signature of Principal	ed the following overall G.P.A at the time of application: if applicant does not meet the minimum requirements.
I certify that the above student has earne (minimum 3.0 overall). Do not certify or submit this application Guidance Counselor Signature of Principal	ed the following overall G.P.A at the time of application: if applicant does not meet the minimum requirements. Date Date
I certify that the above student has earned (minimum 3.0 overall). Do not certify or submit this application Guidance Counselor Signature of Principal For St. Johns C	ed the following overall G.P.A at the time of application: if applicant does not meet the minimum requirements. Date Date Date