

**Peoria Medical Society and
Alliance Charitable and
Educational Foundation, Inc.
2018/2019**

Scholarship Application

Scholarship Eligibility Requirements:

1. Resident of Peoria, Tazewell or Woodford County for at least 3 consecutive years
2. Achieved at least a 3.0 grade point average on a 4.0 grade scale.
3. Have completed one (1) full-time semester of study of a baccalaureate or graduate program at an accredited institution in medicine or an allied health profession(i.e., nursing, occupational health, pharmacy, physical therapy, etc) Pre-med, pre-nursing or general education courses do NOT qualify.

Scholarship awards will be made on the basis of merit and need, up to \$3,000. Selection will be based on academic excellence as determined by grades, recommendations, financial need, community service and demonstrated leadership.

Application Packet should contain each of the following:

1. Completed application form
2. One professional letter of reference
3. A one-page personal statement, stressing aspects relevant to your professional choice and goals (including leadership roles, community service and activities outside of school).
4. An official copy of your current college/graduate school transcripts. May be emailed directly from the Registrar's Office.

Completed application packets may be emailed to Meg Williams at megw@peomedsoc.org, or mailed to: Peoria Medical Society, Attn: Scholarship Committee, 7700 N Harker Dr. Ste D, Peoria, IL 61615. **Applications must be received by February 5, 2018.** (Completed applications may also be dropped off at the above address Monday – Friday 8:30 a.m. to 4:00 p.m. Please call prior to dropping off.

Peoria Medical Society phone: (309) 692-1192
Email: Meg Williams at megw@peoriamedsoc.org

**PEORIA MEDICAL SOCIETY & ALLIANCE CHARITABLE
AND EDUCATIONAL SCHOLARSHIP APPLICATION
GENERAL INFORMATION**

PLEASE TYPE OR PRINT CLEARLY

Full Name _____

Present Address _____ Phone: _____

Permanent Address _____ Age: _____

Email Address: _____

County _____ How Long Lived There? _____ How Long in Tri-County? _____

Marital Status: Single Married Widowed Divorced Total Number of dependents _____

Have you previously been awarded a Peoria Medical Society and Alliance Scholarship? _____
 Yes No

Name & address of high school where you graduated? _____
Year _____

Name of University you are attending _____ School of _____

Have you completed one (1) full-time semester of study? Yes No

Is this an accredited school? _____ What other schools have you attended?

Current year of study: _____ Anticipated Graduation Date: _____

If in Post Graduate Program, please state full-time or part-time

What is your occupational/professional goal?

List any honors received:

What is your cumulative grade point average at present?

List all jobs you have held; dates, employer(s) and type of work

Amount of financial assistance expected (please estimate if not known) from the educational institution you plan to attend in the next academic year:

Scholarship Grant \$ _____

Work Eligibility \$ _____

Guaranteed Student Loan \$ _____

Other Loans \$ _____

Will your family/relatives contribute to your education? _____ Yes _____ No

After consideration how much do you think your family/relatives will provide for the next academic year? \$ _____

Will you receive assistance from any other source? _____ Yes _____ No

Please indicate the source(s) and amounts below:

_____ \$ _____

_____ \$ _____

List your anticipated expenses for the entire school year (estimate):

Tuition and Fees \$ _____ Living expenses \$ _____

Board \$ _____ Books/supplies \$ _____ Transportation \$ _____

Other (Please specify) _____

TOTAL amount of financial assistance desired: \$

The information on this application is, to the best of my knowledge, complete and valid. It is understood that awarded scholarship money will be paid directly to the school to be applied toward tuition.

Signature of Applicant /Date

Please submit one copy of the following material in the application packet:

- A. The completed application form.
- B. One professional letter of reference.
- C. A one-page statement of yourself, stressing aspects relevant to your professional choice and goals (including leadership roles, community service and activities outside of school).
- D. An **official** copy of your current college/graduate school transcripts and any available aptitude and achievement tests. Transcripts of Record may be emailed directly from the Registrar's office, to Meg Williams at megw@peomedsoc.org

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