

***Peoria Medical Society and
Alliance Charitable and
Educational Foundation, Inc.
2014/2015
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 full time semester of study in an accredited institution:
 - Professional baccalaureate program (i.e., nursing, dietetics or allied health)
 - OR-
 - Graduate program (i.e., medicine, nursing, physical therapy, occupational therapy or pharmacy)

Please note: Pre-med, pre-nursing, health sciences 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 goals and objectives
4. An official copy of your current college/graduate school transcripts.

Completed packets must be postmarked by February 1, 2014 and directed to:

**Peoria Medical Society
Attn: Scholarship Committee
7700 N Harker Dr Ste D
Peoria, IL 61615**

Peoria Medical Society phone: (309) 692-1192

**PEORIA MEDICAL SOCIETY & ALLIANCE CHARITABLE
AND EDUCATIONALSCHOLARSHIP APPLICATION
GENERAL INFORMATION**

PLEASE TYPE OR PRINT CLEARLY

Full Name _____

Present Address _____

Telephone # _____ Permanent Address _____

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

Marital Status: Single Married Widowed Divorced Email Address: _____

Have you previously been awarded a Peoria Medical Society and Alliance Scholarship? Yes No (for information only)

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

PEORIA MEDICAL SOCIETY & ALLIANCE
CHARITABLE AND EDUCATIONAL FOUNDATION, INC.

SCHOLARSHIP APPLICATION FINANCIAL INFORMATION

Name _____ Telephone _____

Address _____
Street City/State Zip

Section A (For students dependent on parents)

Student's Age _____ Student's year in college in **2012** _____

Parents' Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

Parents' State of permanent residence. _____

Age of older parent. _____

Number of family members considered dependent on your parents last academic year.

Do you anticipate a change in this number? _____

Are you one of these? _____

Number of household members that will be attending college on at least a half-time basis in the next academic year. (Do not include parents) _____

FAMILY INCOME TAX INFORMATION (Please use figures based on the last year filed.)

Total exemptions to be claimed on your parents' return _____

Parents' net income _____

Father's occupation _____

Mother's occupation _____

Medical/Dental expenses not covered by insurance _____

Current Student's wages/earnings _____

Student's **expected** income for the next Fall/Spring Semesters _____

Are there any foreseeable major changes of income for the next year? ___Yes ___No
If yes, please explain _____

End of Section A for dependent students. (Skip Section B.)

Section B

(For independent students with established households)

Student's Age _____ Student's current year in college/professional school _____

Total size of student's household during the current academic year _____

Do you anticipate a change in this number? _____

Number of household members that will be attending college on at least a half-time basis during current academic year. _____

INCOME INFORMATION (2013)

Total exemptions to be claimed on IRS return: _____

Student's (and spouse) net income: _____

Student's income: _____

Spouse's income: _____

Student's (and spouse) social security benefits - per month: _____

Estimated non-taxable benefits received (unemployment, AFDC, child support, etc.): _____

Medical/Dental expenses not covered by insurance: _____

ASSET INFORMATION

Cash, savings, and checking accounts _____

Home equity (market value less mortgage owed) _____

Financial assistance received for the last academic school year _____

STUDENT'S CURRENT SCHOOL YEAR EXPECTED INCOME

Student's (and spouse) summer taxable income (June-August) **estimated 2014** _____

Student's (and spouse) expected 9 month **2014-15** income (September-May) _____

Veterans educational benefits (amount per month) _____

Estimated non-taxable income (child support, AFDC, unemployment, etc.) _____

End of Section B – continue next page

ALL Applicants: Please complete the application:

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 parents contribute to your education? Yes No

After consideration how much do you think your parents 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

Signature of Parent or Guardian, if applicant is not completely self-supporting.

Please submit one copy of the following material:

- A. The 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.

Please send this information to:
Peoria Medical Society
Scholarship Committee
7700 N. Harker Dr. Ste D.
Peoria, IL 61615