

Miami County Foundation

317 N. Wayne St., P.O. Box 1526 Piqua, OH 45356-1526 937-773-9012 Phone/Fax

www.miamicountyfoundation.org

email: mcf@woh.com

Scholarship awarded to a selected resident of Miami County who has been accepted into or who is pursuing an approved course of study to become a medical doctor at an accredited medical school, college or university. Applicant must have a minimum 3.0 GPA. Fellowships are not considered.

MIAMI COUNTY MEDICAL SOCIETY SCHOLARSHIP APPLICATION

(Typed application is preferred, if needed print clearly in ink. Additional pages may be attached)

Name _____

Address of Applicant _____ County _____ Phone () _____

City, State, Zip _____

Undergraduate degree from _____ School

Graduation Date _____ Sex M or F

ACT Scores _____ SAT Scores _____
 Eng / Math / Science / Reading / Composite Verbal / Math

GPA cumulative at end of previous grade period: _____ **Attach your most recent grade report (required)**

Extra Curricular/School Activities/Community Service:

<u>Year(s)</u>	<u>Organization</u>	<u>Office(s) Held</u>

Personal Statement INCLUDING Work Experience and Community Activities

Please describe unique characteristics, accomplishments, or experiences, which you feel we should consider in evaluating your application. Stress those qualifications which distinguish you from other applicants. For additional space, attach a separate page.

PLEASE NOTE: The Review Committee is very interested in your work experience both past and present.

Applicant Name _____

Continuing Education Plans

State your plans for enrollment or continued enrollment in an accredited medical school, college or university

Have you been granted scholarship aid? Yes _____ No _____ If yes, **list each with amount** _____

What are your plans upon completion of your medical degree? Do you plan to return to Miami County?

Check One: Two-Parent Household _____ Single Parent Household _____ Self-Supporting _____

Income Level: Include Both Father & Mother's Income, for Self-Supporting Applicant include spouse if married

_____ Below \$20,000 _____ \$20,000-49,999 _____ \$50,000-79,999
_____ \$80,000-109,999 _____ \$110,000-140,000 _____ Above or greater than \$140,000

Father's/Spouse's/Self **Employer** (circle one) _____ Address _____

Mother's/Spouse's/Self **Employer** (circle one) _____ Address _____

Number of Siblings or Children (circle one) _____ Ages _____

Number of Siblings or Children in College _____ Name of College(s) _____

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified.

Date: _____ Signed by _____ (Applicant)

Date: _____ Signed by _____ (Mother/Stepmother)
if applicable

Date: _____ Signed by _____ (Father/Stepfather)
if applicable

Please return this two page completed application and any attachments (make certain your name appears on all pages) to:
Miami County Foundation, 317 N. Wayne St., P.O. Box 1526, Piqua, OH 45356-1526 or fax 937-773-9012.

Must be postmarked no later than November 1 of the current year. No application will be accepted via email.