

**Stark County Medical Society Auxiliary-Charitable Fund Scholarship  
Applications are available for the 2017-2018 academic year.**

**Applicant eligibility criteria include:**

1. Resident of Stark County
2. Enrolled in an accredited health care program in the State of Ohio. Students are encouraged to apply once they have completed a year of their professional study. Consideration is given to students who are within one to two years of completing their course of study.
3. Complete the application and the deadline is May 1, 2017.
4. Available for scholarship committee interview on assigned date/time. Interviews requested at the discretion of the committee.
5. One time scholarships are awarded for tuition expenses. (Scholarship awards are mailed directly to the applicant's school financial aid office.)

**Correspondence: email: [scmsascholar@hotmail.com](mailto:scmsascholar@hotmail.com)**

**Applications may be mailed to:**

**Stark County Medical Society Auxiliary-Charitable Fund  
Scholarship Committee c/o Stark County Medical Society  
4942 Higbee Ave NW, Suite L  
Canton, Ohio 44718**

Office Use: Application complete/postmarked by May 1: Yes/No Essay: Yes/No Ref # 1\_\_\_ Ref #2\_\_\_  
Interview date/time \_\_\_\_\_

**STARK COUNTY MEDICAL SOCIETY AUXILIARY – CHARITABLE FUND  
2017 SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION:**

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Permanent Address \_\_\_\_\_

Street City State Zip Code County  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Marital Status \_\_\_\_\_ Dependent(s)/ages \_\_\_\_\_

Have you previously received a SCMSA-CF scholarship? Yes No

**Parent Information:**

Full Name(s) \_\_\_\_\_ Occupation(s) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code County

Number/age of dependents \_\_\_\_\_

**Education:**

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_ College \_\_\_\_\_ GPA \_\_\_\_\_

College Financial Aid Mailing Address \_\_\_\_\_

Graduation Year \_\_\_\_\_ Course of Study \_\_\_\_\_ Degree \_\_\_\_\_ Credit Hours Completed \_\_\_\_\_

Activities \_\_\_\_\_

Awards/Honors \_\_\_\_\_

\*Provide a copy of grades in health care related field of study

**Expenses/Income:**

\*Provide a statement of tuition/fees from the university/college for the 2017-2018 academic year.

Scholarships/Financial Aid **applied** for and amounts: \_\_\_\_\_

Scholarships/Financial Aid **received** and amounts: \_\_\_\_\_

**Essay:**

\*Attach a personal statement, no more than one typed page, stating why you would like to receive this scholarship.

**References:**

\*Request a letter of reference from one teacher and one professional person/employer to be mailed to:

**SCMSA-CF Scholarship\*c/o Stark County Medical Society\*4942 Higbee Ave NW, Suite L\*Canton 44718**

**\*Reference letters must be postmarked by May 1, 2017.**

Questions: email : [scmsascholar@hotmail.com](mailto:scmsascholar@hotmail.com)

**To the best of my knowledge, this information is accurate. I understand that I may need to be present for a scholarship committee interview on an assigned date/time chosen by the scholarship committee.**

Signature \_\_\_\_\_ Date \_\_\_\_\_