

Pee Dee Medical Professionals Association Healthcare Scholar 2019 High School Scholarship Application

This scholarship is designed to encourage and increase underrepresented minorities in the Pee Dee (Darlington, Dillon, Florence, Lee, Marion, Marlboro, and Williamsburg Counties) in healthcare professions. Ideal candidates would demonstrate academic excellence and community involvement. This scholarship is open to Juniors and Seniors and will be paid directly to the educational institution (Seniors) or summer academic enrichment program (Juniors).

Applicant Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ County _____

State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email Address _____

Current School Status: ____ Junior ____ Senior

Name of School Where Currently Enrolled _____

City/State _____

Cumulative Academic GPA _____

Class Ranking _____ Class Size _____

SAT/ACT Score(s) _____

Academic Goals

If I am a recipient of the scholarship I will use it to

____ attend a community college

____ attend a 4 year college/university

____ attend a summer academic enrichment program

Essay (No more than 500 words)

If you could change anything about the healthcare system in the United States, what would it be and why?

Letters of Recommendation

Each applicant will need to submit three (3) letters of recommendation as follows: 1 teacher AND 2 community members who can speak to your character and/or interest in healthcare.

Agreement and Consent

I certify that the information I have supplied is complete and accurate. Information is subject to verification. In the event that any portion of the information submitted as part of this application changes following my submission, I will provide PDMPA written notification of the change as soon as possible. Notification can be submitted via email to PDMPAScholarship@gmail.com. I also understand and agree that upon submission, my application, which includes any and all supporting documents I provide, becomes the property of PDMPA and I give PDMPA permission to use my application for purposes related to determining my eligibility for the scholarship I am applying for.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if Applicant under 18 yo)

Student Release (use of photography)

As a parent or guardian of the student named below (the “student”), I hereby grant PDMPA the right to use, publish, duplicate, copyright and transmit the student’s image in any and all media now know or hereafter developed, through the world, in perpetuity. Further, I hereby irrevocably permit, authorize, and license PDMPA to identify the student by name and use his/her name, likeness, appearance, voice, biographical information and all materials created by or on behalf of PDMPA in perpetuity and in any medium or format whatsoever now existing or hereafter created.

Neither I nor the student shall have a right of approval, a claim to additional compensation, a right to enjoin PDMPA rights hereunder or otherwise seek injunctive relief or a claim (including defamation or invasion of privacy) for any use, alteration or distortion.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if Applicant under 18 yo)

Application Submission Checklist

All information should be uploaded to the PDMPA Scholarship Dropbox at <https://tinyurl.com/PDMPAScholar>

When submitting information please use the following naming convention below:

FirstNameLastName_Item	Example: JaneDoe_Application
Completed Application	FirstNameLastName_Application
Typed Essay	FirstNameLastName_Essay
Unofficial Transcript	FirstNameLastName_Transcript
3 Letters of Recommendation	FirstNameLastName_LOR

Application Deadline: Friday, March 15, 2019

Please submit any questions to
PDMPAScholarship@gmail.com

