

Dec. 5, 2016

Dear Guidance Counselor,

Attached is a scholarship form for the Cole County Medical Alliance Scholarship. CCMA will be awarding at least two \$500 scholarships to area high school seniors who will be attending a 4-year college or university to pursue a career in healthcare.

Please make copies of this form and notify any seniors who meet the above criteria. The deadline for the application is **Feb. 3, 2017**. Students need to submit the following:

- 1) completed application
- 2) an essay about why he/she is interested in pursuing a career in healthcare
- 3) high school transcript

If you have any questions, feel free to contact me at 573-636-7419 or [craighead\\_jm@hotmail.com](mailto:craighead_jm@hotmail.com).

Sincerely,



Margaret Craighead  
CCMA Scholarship Committee Chair

## Cole County Medical Alliance Scholarship

*Eligibility: Applicants must be high school seniors planning to attend a 4 year college or university to pursue a career in healthcare. Two \$500 scholarships will be awarded to Cole County Seniors.*

### DEADLINE – February 3, 2017

Application must be turn in to high school guidance counselor or sent by mail to:  
Cole County Medical Alliance Scholarship Committee  
C/O Margaret Craighead  
3610 Gettysburg Pl.  
Jefferson City, MO 65109

**Print/Type application neatly and in ink.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of father/guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of mother/guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of high school \_\_\_\_\_

Name of College or University you plan to attend next year \_\_\_\_\_

Have you been admitted? YES or NO

Annual tuition & fees \$ \_\_\_\_\_ Annual room and board cost \$ \_\_\_\_\_

Probable major or course of study \_\_\_\_\_

Career goal \_\_\_\_\_

#### Resume

(Please respond below or attach a resume if you prefer.)

Most Significant School Activities	Varsity Letter, Offices Held, Award	Circle Grade
_____	_____	9 10 11 12
_____	_____	9 10 11 12
_____	_____	9 10 11 12

Most Significant Community Service Activities	Sponsor	Hours/Week	Circle Grade
_____	_____	_____	9 10 11 12
_____	_____	_____	9 10 11 12
_____	_____	_____	9 10 11 12

Most Recent Employment	Dates	Hours /Week
_____	_____	_____
_____	_____	_____

**Senior Class Schedule (you may attach a list of all courses taken in high school, or a transcript if you wish)**

**Semester 1**


**Semester 2**


**Scholarships Documentation**

**List the names and amounts of other scholarships you have received. Please include institutional scholarships and Bright Flight eligibility:**

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_

**Financial Need Documentation**

**List or describe any conditions causing family financial hardship:**


\_\_\_\_\_  
Signature of student      Date  
(signatures imply accuracy and honesty in reporting)

\_\_\_\_\_  
Signature of parent or guardian      Date

**Essay Question**

On a separate page please submit a one page essay about why you are interested in pursuing a career in healthcare.

**Academic Achievement Documentation**

7th Semester cumulative GPA is \_\_\_\_\_ /4.0 scale

7th Semester cumulative Class Rank is \_\_\_\_\_ of \_\_\_\_\_

ACT Composite Score \_\_\_\_\_ SAT Scores- Writing: \_\_\_\_\_ Critical Reading : \_\_\_\_\_ Math: \_\_\_\_\_

High School Counselor \_\_\_\_\_ Date \_\_\_\_\_  
Print Name      Sign