



THE FOUNDATION for Marshall Medical Centers

2010 Physicians' Spouses Auxiliary Scholarship

Scholarship Information and Guidelines

The Physicians' Spouses Auxiliary Scholarship Program of the Foundation for Marshall Medical Centers has been created by business leaders, health care providers, physicians' spouses and others in Marshall County who are interested in providing the best health care possible to all citizens of Marshall County. The Physicians' Spouses Auxiliary Scholarship Program is offered to promote and support higher education opportunities for students currently enrolled in or already accepted to an undergraduate level healthcare program *and/or* a healthcare program beyond the undergraduate level. The number and amount of scholarships may vary from year to year.

Eligibility Requirements

1. Applicant must provide proof of a permanent Marshall County or Sardis City address.
2. Applicant must provide proof of enrollment in or proof of acceptance to an accredited undergraduate level* or post-undergraduate level healthcare program.
3. Applicant must be a student in good standing and must provide his or her most recent official school transcript.
4. Applicant must plan on continuing or entering college in the fall of 2010.
5. Applicant must provide three letters of recommendation.
6. A *complete application packet* must be received on or before Wednesday, July 7, 2010 for applicant to be considered. Applications that are only partially completed will *not* be considered.

Screening Process

1. All applications will be scored by The Scholarship Review Committee.
2. Top applicants will be scheduled for a personal interview with members of The Scholarship Review Committee and/or Foundation Board members.
3. Applicants will receive a letter at the address they provide informing them of their application status.

** Pre-health curriculums at the undergraduate level are not eligible for the Physicians' Spouses Auxiliary Scholarship.*

If you have questions or need additional information about the Physicians' Scholarship Program, please contact Andrea Oliver, Foundation Director, at (256) 571-8026 or (256) 753-8026 or by email at andrea.oliver@mmcenters.com. Applications are also available online at www.mmcenters.com.



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Physicians' Spouses Auxiliary Scholarship Application Instructions 2010

1. Complete the attached Scholarship Application Form in its entirety. Completed application packets may be mailed to The Foundation for Marshall Medical Centers, P.O. Box 855, Guntersville, Alabama 35976. Applications by mail must be received on or before **Wednesday, July 7, 2010**. Late applications will NOT be accepted. Faxed or emailed copies will NOT be accepted.
2. Three (3) completed recommendation forms must be included in the application packet. Please be sure recommendations are in a sealed envelope.
3. In your own words and handwriting, write an essay, 125 words or less, about why you wish to become a health care provider. Neatness, spelling, and grammar will be considered.
4. Attach most recent official school transcript.
5. If chosen to receive a scholarship, the recipient must notify the Foundation Director, Andrea Oliver, as to the college he or she will attend. **Payment will be made directly to the college. Any funds not used the first semester, will be carried over to the next semester and used for tuition, fees or textbooks.**
6. Each of these **MUST** be included in the application packet and received on or before Wednesday, July 7, 2010 for an applicant to be considered:
 - Completed application form
 - Three (3) completed and signed recommendation forms in sealed envelopes
 - 125 word essay in applicant's own handwriting
 - Official transcript
 - Affidavit signed by applicant



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Post Office Box 855 • Guntersville, Alabama 35976 • (256) 571-8026 • www.mmcenters.com

Physicians' Spouses Auxiliary Scholarship 2010 Application

Biographical Information

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State/Zip)

Telephone: _____ Email: _____

Date of Birth: _____ Age: _____

Family Information

Parent(s) or Spouse Name: _____

Parents' or Spouse's Occupation: _____

Estimate of parents' contribution to college expense per year (if applicable): \$ _____

Children's Names and Ages (if applicable):

Current Employer Information

Employer: _____

Address: _____
(Street) (City) (State/Zip)

Telephone: _____

What position do you hold? _____

How long have you been employed in this position? _____

Education

High School: _____ Year Graduated: _____

High School GPA: _____ ACT/SAT Score: _____

College: _____ Collegiate GPA: _____

Hours Completed: _____ Classification: _____

Degree: _____ Graduation Date: _____

Have you applied for or received any other scholarships? If yes, list and give amount of each.

Anticipated cost of college expenses per year: \$ _____



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Physicians' Spouses Auxiliary Scholarship 2010 Application Continued

Individual Development

Clubs, Activities
and Honors

Academic
Achievement
and Honors

Elected/
Appointed
Leadership
Positions

School and
Community
Service

Work
Experience

Career Objective: _____

If awarded this scholarship, where do you plan to attend school? _____

Proposed Major: _____ Expected Date of Graduation: _____

Do you plan on returning to Marshall County after college graduation to live and work? _____

If not, where do you plan to live and work? _____



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Physicians' Spouses Auxiliary Scholarship Application 2010

Affidavit

(This affidavit must be read and signed by applicant and included when submitting application.)

I, _____, plan to begin or continue classes in the fall of 2010.

Additionally, I understand and agree:

- If I am selected as the recipient of this award, I understand that I must attend a two (2) or four (4) year accredited college, junior college, or vocational training school that meets the approval of the Foundation for Marshall Medical Centers Scholarship Committee.
- If I do not enroll within the above mentioned time period, or I do not satisfactorily complete the course(s), I understand that I must relinquish this award.
- I understand that the full amount of this scholarship must be used for tuition, fees, or textbooks related to my course of study.
- I understand that the funds of this scholarship cannot, under any circumstances, be transferred to another school or person.
- I certify that the information I have submitted is true and correct. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from this foundation.

My signature ensures that I am responsible for the submission of this scholarship and that I agree with the provisions as set forth herein.

Applicant Signature

Date



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Physicians' Spouses Auxiliary Scholarship Application 2010 Recommendation Form

Name: _____
(First) (Middle) (Last)

_____ is applying for the Physicians' Spouses Auxiliary Scholarship awarded by the Foundation for Marshall Medical Centers. Please complete this form by checking the most appropriate response. Please return in a sealed envelope to the applicant. **The completed form must be included in the application packet which must be received by the Foundation on or before July 7, 2010.**

	Superior	Above Average	Average
1. Personality	_____	_____	_____
2. Work ethic	_____	_____	_____
3. Respect for authority	_____	_____	_____
4. Self-discipline	_____	_____	_____
5. Intellectual capacity	_____	_____	_____
6. Punctuality	_____	_____	_____
7. Motivation	_____	_____	_____
8. Reliability	_____	_____	_____
9. Creativity	_____	_____	_____
10. Willingness to work with others	_____	_____	_____

Additional comments: _____

Please Print Name Title

Signature Title