



SMITH COUNTY MEDICAL SOCIETY ALLIANCE SCHOLARSHIP POLICIES

STATEMENT OF PURPOSE: *To promote high-quality health care in Smith County by assisting capable and qualified students in health career programs at Tyler Junior College and The University of Texas at Tyler.*

I. Eligibility

- < Must be full time student
- < Must show scholastic achievement
- < Must have completed one semester of a health program or the prerequisites for a health career program

II. Application Form

- < May be obtained online at (enter web addresses) or at the Financial Aid Office at TJC or UTT. **Please make sure it is a current application form.**

III. Application Process

- < **All of the following must be completed in order for the application to be considered:**
 - * Application form must be completed in its entirety
 - * Essay must be typed on a separate sheet/s of paper
 - * Official transcripts must be submitted. If official transcripts are not available because grades have not been posted you may submit a signed copy of grades from your instructors
 - * Obtain all required signatures (applicant's, department chairman's and financial aid officer's)
 - * We encourage the submission of recommendations from department chairs, instructors, supervisors, or employers
 - * All required information must be received by the following deadlines:

Fall: July 15th

Spring: December 1

- < All required information should be mailed to:

**SCHOLARSHIP CHAIRMAN
SCMSA
P.O. BOX 8714
TYLER, TEXAS 75711**

- < **Incomplete applications will be returned to the applicant.**



**Smith County Medical Society Alliance
Scholarship Application Form**

Instructions: *Please complete the following form and submit it with the required essay and transcripts to:*

**Scholarship Chairman
SCMSA
P.O. Box 8714
Tyler, Texas 75711**

Date: _____

Demographic Information:

Name: _____ Age ____ Date of Birth _____

Social Security Number _____ Student ID# _____

Address _____ City _____ State ____ Zip _____

Phone _____

Marital Status: (circle one) single married divorced

Spouse's Name: _____

Spouse's Address _____ City _____ State ____ Zip _____

If you live at home: Parent's name _____

Address _____ City _____ State ____ Zip _____

Scholastic Information:

Circle College or University where scholarship will be used: TJC UTT

Circle semester you are currently enrolled in: Fall Spring

Circle semester you are applying for: Fall Spring

Health Career Program you are enrolled in: _____

Number semesters completed: ____ Length of Program ____ Graduation Date _____

Expected number of theory course contact hours you will be enrolled in _____

Expected number of laboratory/clinical contact hours you will be enrolled in _____

Cost of tuition per semester _____ Books _____ Other (specify) _____

Education: Use additional sheet of paper if required.

Institution Degree Years attended

Employment Information:

Applicant's employer _____ Position _____
Length of employment _____ Do you plan to work while in school? Yes No
How many hours/week will you be working? _____
Spouse's employer _____ Position _____

Financial Information: Please answer the following questions in dollar figures.

Yearly income provided by self _____ Yearly income provided by spouse _____
Total yearly household income (*ex. salaries, child support, support from family/next of kin and government*) _____
Do you live with your parents? Yes No If you answered yes to this question provide your parent's total yearly household income _____

Dollar amount of applicant's monthly rent or mortgage payment _____

Dependant Information:

Number of dependents (*include self, spouse and children*) _____
Ages of dependents (*include self, spouse and children*) _____
Number of dependents requiring full-time day care _____
Number of dependents requiring part-time day care _____
Discuss special circumstances in your family that necessitates financial aid:

List other grants, loans and/or scholarships for which you have applied for this semester

Personal Goals and Plans:

What has been the most significant influence in choosing your career? Please type your essay on a separate sheet/s of paper and submit with this application form.

Recommendations: We encourage the submission of recommendations from department chairs, instructors, supervisors, or employers. Please have those who are submitting recommendations mail them to:

Scholarship Chairman, SCMSA, and P.O. Box 8714, Tyler, Texas 75711

Transcripts: Official transcript/s must be submitted. If official transcript/s is unavailable because grades have not been posted, you may submit a signed copy of your grades from your instructor.

Signatures: Signatures are required in order for financial and academic information to be released. The application form will not be considered with out required signatures.

Applicant _____

Department Chairman _____

Financial Aid Officer: _____

EFC: _____ **unmet need if known:** _____