



STARK COUNTY MEDICAL SOCIETY AUXILIARY – CHARITABLE FUND  
Scholarship Application

APPLICANT INFORMATION

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Permanent Address \_\_\_\_\_  
Street City State ZIP County

Phone \_\_\_\_\_ e-mail \_\_\_\_\_ Marital Status \_\_\_\_\_ Dependants \_\_\_\_\_

PARENT INFORMATION

Full name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP County

Number/age of dependants \_\_\_\_\_

EDUCATION

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

Grad School \_\_\_\_\_ Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_

Graduation year \_\_\_\_ Course of Study \_\_\_\_\_ Degree \_\_\_\_ Credit hours completed \_\_\_\_\_

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

Activities \_\_\_\_\_

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

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

**EXPENSE/INCOME** \*Provide a statement of tuition/fees from the university/college for the current academic year  
Scholarships/Financial aid applied for and amounts

\_\_\_\_\_  
\_\_\_\_\_

**ESSAY:** \* Attach a personal statement, not more than one typed page, stating why you would like to receive this scholarship.

**REFERENCES:** Request a letter 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, OH 44718

\*Reference letters must be postmarked by May 1, of current year.

Questions: email: [kpmetz@ameritech.net](mailto:kpmetz@ameritech.net)

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 \_\_\_\_\_

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