



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

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 _____