

Tarrant County Medical Society
&
Tarrant County Alliance Foundation

Scholarship Applicant Requirements
2010

- Applicants must attend a Tarrant, Parker, or Johnson County schools.
- Applicants must have completed one semester of college work and must have completed one semester in their current allied health program.
- Monies will be awarded by Fall 2010 and are paid directly to the schools for tuition books and fees.
- Applicants must submit an official transcript from each university they have attended for more then one semester. Your current transcript is mandatory or your application will be rejected.
- Applicants must submit 2 letters of recommendation from sources personally familiar with them. **(One letter must be from an Allied Health teacher or professor).**
- Applicants must submit a personal essay to include academic accomplishments, career goals, extracurricular activities, relevant personal details, reference to financial need, and itemization of current financial support. Please include an estimate of tuition books and fees.
- Applications must be signed by the applicant's student Advisor or Counselor.
- Applications must be completed in full or they will not be accepted.
- Application and all required information must be received by the April 1st deadline.

Graduate programs are not considered!

If any of these requirements are not fulfilled then the application
will be rejected.

Allied Health Professions

- Clinical Dietetics
- Emergency Technician
- Medical Laboratory Technology
- Medical Optometry
- Medical Technology
- Clinical Lab Sciences
- Mental Health
- Nursing
- Occupational Therapy
- Pharmacy Technician
- Physical Therapy
- Prosthetics
- Radiological Technology
- Rehabilitation Science
- Respiratory Care
- Surgical Technology

Tarrant County Medical Society
And the
Tarrant County Medical Society Alliance Foundation

Scholarship Application

(Only for students enrolled or registered for courses in nursing and allied health fields)

All paperwork & information is required by the deadline:

April 1, 2010

(This excludes all pre-medicine students)

1. Last Name _____ First Name _____ Date of Birth _____
2. Mailing Address _____ City _____, TX, Zip _____
3. Permanent Residing Address _____
4. Phone Number _____ Marital Status ()S ()M ()D ()W
5. Number of Dependant Children _____ Ages _____
6. Educational Background: High School Graduate () yes () no
College () yes () no
Name of Current School _____ Current Credit Hours _____ GPA _____
_____ Current Credit Hours _____ GPA _____
Freshman () Sophomore () Junior () Senior ()

Estimated Date of Graduation from current School _____

7. Parents' Name: _____
Address _____ City _____ ST _____ Zip _____
Father's Occupation _____ Mother's Occupation _____
Spouse's Occupation _____

8. References **(Please list two – one must be from an Allied Health professor or teacher)**
Name _____ Title _____ Phone _____
Name _____ Title _____ Phone _____
Each reference must provide a letter of recommendation. This is a requirement, due to the fact that scholarships are awarded on the basis of financial need as well as scholastic achievement.

To the best of my ability, the above information is true, and I submit it in applying for a scholarship to study

_____ at _____

Signed: _____ Date: _____

Nursing or Allied Health Counselor Signature Required!

Signed: _____ Date: _____

Name of School: _____

Applications and all information must be returned to
Tarrant County Medical Society
555 Hemphill, Fort Worth, Texas 76104

DEADLINE: APRIL 1, 2010

*****Incomplete applications will not be accepted*****