

WASCO COMMUNITY SCHOLARSHIP ASSOCIATION

Max & Mary Hendricks Medical School Scholarship

MEDICAL SCHOOL SCHOLARSHIP INTRODUCTION

This is an application for a Wasco Community Scholarship Association scholarship grant for full time medical students attending an accredited medical school. These scholarships are only for Wasco Union High School graduates attending medical school prior to the award of a doctor of medicine degree. The choice of recipients of all scholarships is solely the responsibility of the Board of Directors of the Wasco Community Scholarship Association. The dollar amount of the scholarship award and the number of scholarships granted depends on funds available and the number of qualified applicants. It is anticipated that an annual scholarship would be granted in an approximate amount of \$8,000. Should more than two qualified medical students apply in any one year, a maximum of approximately \$18,000 would be allocated equally between the scholarship grants awarded for that year.

REQUIREMENTS AND PROCEDURES FOR RECEIVING A SCHOLARSHIP

1. The recipient must have graduated from Wasco Union High School (“WUHS”). The recipient must submit a copy of their WUHS Graduation Certificate or a copy of their transcript verifying graduation from WUHS.
2. The recipient must provide official academic transcript(s) of all higher education institutions that the recipient has attended. It may take up to four weeks to obtain an official transcript.
3. The recipient must submit a copy of the letter of acceptance they have received from a medical school which meets the requirements of the application.
4. Each one year scholarship is paid directly to the medical student recipient in two installments; one in the fall and one in the winter of the academic year. The recipient must provide WCSA with written evidence of enrollment and good standing from the medical school they are attending prior to each payment being made.

***Please Note for Renewal:** Medical students who seek to renew their medical scholarship do not have to submit a written comments page, letter of acceptance to medical school, or undergraduate transcripts, but official medical school transcripts are required.

Postmarked by July 15, 2019

All application materials must be sent in one package to:
Wasco Community Scholarship Association
P.O. Box 7 Wasco, CA 93280



WASCO COMMUNITY SCHOLARSHIP ASSOCIATION

Max & Mary Hendricks Medical School Scholarship

2019 Application

APPLICANT'S PERSONAL DATA

Name: _____
Last
First
Middle

Current Address: _____
Street
City
State
Zip Code

Permanent Address: _____
Street
City
State
Zip Code

Application results should be sent by September 1, 2018 to or communicated via what address? Current Permanent

Current E-Mail Address: _____ **Telephone** _____

Social Security # _____ **WUHS Graduation Date:** _____

Date of Birth: _____ **Place of Birth:** _____

Marital Status: Married Divorced Separated Widowed Never Married

FAMILY INFORMATION

Spouse or Parent: _____
Name
Telephone Number

Address (if different from your own): _____

Additional Parental Information (if applicable): _____
Name
Telephone Number

Address: _____

Please list other children living in your household: (provide ages and colleges attending)

Applicant's Name: _____

MEDICAL SCHOOL INFORMATION

Name of Medical School: _____

Mailing Address: _____

Expected Date of receipt of Doctor of Medicine Degree: _____

Statement Concerning Medical School: I have been admitted to, or am attending, as a full time student the above referenced medical school, the curriculum and educational program of which upon graduation will allow me to earn a Doctor of Medicine degree sufficient and adequate to qualify me for a medical residency program leading to a board certified medical specialty and licensure in the United States of America.

Applicant's Initials

EDUCATION

	<u>Name</u>	<u>City & State</u>	<u>Date Attended</u>	<u>Major</u>	<u>Degree</u>	<u>Degree Rec'd Date</u>
Undergraduate:	_____	_____	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____

List all research projects in which you have participated. Include the year in which the research was done.
[Use additional sheets if necessary.]

List your academic honors, prizes or scholarships received in college and medical school. [Use additional sheets if necessary.]

Applicant's Name: _____

List your extracurricular activities and community involvement. Include offices held. [Use additional sheets if necessary.]

EMPLOYMENT EXPERIENCE

Name of Employer	Address	Position Held	Date of Employment

WRITTEN COMMENTS

Provide written comments concerning your interest in medicine and regarding your personal and professional goals over the next ten years. Emphasize significant persons and/or events that have influenced your decisions. Your name and medical school should appear on each page of your comments. [Please attach your written comments to this application.]

STATEMENT OF FINANCIAL NEED

Notwithstanding other sources of financial support (excluding loans), I have a current financial need regarding costs and expenses incurred while attending medical school in excess of the annual medical school scholarship provided by the Wasco Community Scholarship Association. If I did not have this financial need, I would not apply for this scholarship.

Applicant's Initials

Applicant's Name: _____

DECLARATION ON APPLYING

In submitting this application, you hereby affirm that you have reviewed the entire application and that, to the best of your belief and knowledge, the information you have provided is true and accurate. You understand that deliberate misrepresentation of any facts provided in this application will void your application and any future application. As an applicant and if you are selected to receive a WCSA medical school scholarship, you further understand and agree:

- WCSA medical school scholarships may be granted a maximum of four (4) times to a single applicant prior to their receipt of a doctor of medicine degree.
- You agree, upon request by WCSA, to submit additional documentation to verify the information reported in this application and/or to further support your application.
- Granted scholarships will be paid by WCSA in two installments; one in the fall and one in the winter of the academic year.
- In order to receive an installment payment for a granted scholarship, you must provide WCSA with verification that you are then currently registered as a full time student at the medical school you are attending.
- You understand that this application and all supporting materials will be reviewed by members of the WCSA Board of Directors in consideration of a scholarship for which you may be eligible. You give your permission for this application and supporting materials to be copied and distributed solely for this purpose.
- You grant to WCSA the unrestricted right to use and publish photographs of you for public information activities relating to the granting of a scholarship and for general WCSA fund raising and informational purposes.
- If granted a scholarship, you authorize the release of information regarding your academic record, educational and professional goals. This information may be made available for public information activities related to the granting of the scholarship.

Your signature below affirms your **Declaration on Applying**.

Please print your full name on this line

Signature

Date