

LORAIN COUNTY MEDICAL SOCIETY SCHOLARSHIP FOUNDATION
APPLICATION FORM

Important Information: *Please read prior to completion of the application form. All information contained on this application form will be held in strict confidence and to be used only by the Scholarship Board Members.*

TO BE ELIGIBLE FOR A SCHOLARSHIP, THE APPLICANT MUST BE:

1. A resident of Lorain County
2. Currently enrolled in or formally admitted * to an accredited course of study in medical, medical allied or health field.
3. Demonstrate academic competence.
4. Have need of financial assistance.

TO BE CONSIDERED FOR A SCHOLARSHIP, EACH APPLICANT MUST SUBMIT ALL OF THE FOLLOWING PAPER WORK. INCOMPLETE APPLICATIONS WILL BE DENIED. APPLICANTS WILL NO LONGER BE NOTIFIED OF MISSING PAPER WORK PRIOR TO MAY 1ST.

1. **Fully** complete the application form.
2. Submit **official** transcript from school or college last attended.
3. Submit students' Federal Income Tax Form 1040, 2011
4. Submit the Expected Family Contribution Form (EFC)
5. Return completed application form and other information by **May 1, 2012**
6. Submit your letter of acceptance from the institution you will be attending.

QUESTIONS ABOUT THE APPLICATION PROCESS AND COMPLETED APPLICATION FORMS SHOULD BE DIRECTED TO:

The Lorain County Medical Society Scholarship Foundation
5320 Hoag Drive, Ste. D
Elyria, Ohio 44035
Telephone Number: (440) 934-6825
FAX: 440-934-1059 – E-Mail: lcmed@centurytel.net

***Applicants must have completed all pre-requisites or general studies. For example, medical students are not eligible for the scholarships until their pre-med courses have been completed and they have been accepted into a specific College of Medicine. Four year nursing students are not eligible for scholarships until their Sophomore year. Pharmacy students are not eligible until they are accepted into a College of Pharmacy. Students entering schools where studies are directed to the specific career from the first year of enrollment may apply for scholarships on initial enrollment.**

COLLEGE/UNIVERSITY FOR WHICH YOU ARE REQUESTING SCHOLARSHIP

Name: _____

Address: _____
(address) (city) (state) (zip)

Course of Study: _____

Indicate Date of Acceptance into Course of Study: _____

Check your status for Fall: Freshman Sophomore Junior Senior

Grade Point Average to Date: _____ (GPA) NOTE: Please attach transcript from the last school or university/college last attended!

ACTUAL COST PER YEAR
Tuition: _____
Fees: _____
Applicant's Room _____
Applicant's Board _____
Total: _____

FUNDS AVAILABLE
Parents' Contribution _____
Applicant's Summer Income _____
Applicant's Savings _____
Spouse's Contribution _____
Total: _____

PREVIOUS LORAIN COUNTY MEDICAL SOCIETY FOUNDATION SCHOLARSHIP

Have you previously applied to the Lorain County Medical Society Foundation for a Scholarship?

Yes No (Please one!)

If Yes, please answer the following:

Year: _____ Granted: Yes No Amount: _____

APPLICANT'S SIGNATURE

Dear Board Members: I have read the above information and feel I meet the requirements and therefore submit my application for a scholarship. I understand that if awarded a scholarship, the funds will be used in payment of tuition, board, and other expenses relative to my education. A check will be disbursed to the school directly in the names of the applicant and the school.

If I receive a scholarship from Lorain County Medical Society Foundation I give you my permission to publicize my name and my school.

Applicant Signature: _____ Date: _____

APPLICANT'S WORK EXPERIENCE AND PLANS

1. Briefly describe what are you doing to help finance your education? (During the school year and summer.)

2. List previous work experience.

Current Employer's Name/Address

(name) (address) (city) (state) (zip)

3. List any other scholarships or loans for which you have applied for this Fall term.

_____	_____	<input type="checkbox"/> Received	<input type="checkbox"/> Applied
(name)	(dollar amount)	(Please <input checked="" type="checkbox"/> one!)	
_____	_____	<input type="checkbox"/> Received	<input type="checkbox"/> Applied
(name)	(dollar amount)	(Please <input checked="" type="checkbox"/> one!)	
_____	_____	<input type="checkbox"/> Received	<input type="checkbox"/> Applied
(name)	(dollar amount)	(Please <input checked="" type="checkbox"/> one!)	

4. Briefly explain your reasons for choosing your profession and state your long term goals and plans after you graduate. (Please feel free to use the reverse side of this page if necessary.)

SECTION 2

FOR SPOUSE (If not married, please do not complete Section 2)

Name of Spouse: _____ Date of Marriage _____

Spouse S.S. # _____

Address for Applicant/Spouse _____
(address) (city) (state) (zip)

List children's Names and Ages _____

Spouse Employment _____ Position _____

Date of Hire _____ Annual Income of Spouse before taxes _____

Applicant/Spouse combined income **last** year (11) _____

Applicant/Spouse combined income **this** year (12) _____

Comments _____

Signature of Spouse _____ Date _____

PARENT OR GUARDIAN INFORMATION

The undersigned Parent or Guardian of the applicant consents to this application. It is understood that the scholarship, if approved by the Board of Supervisors of the Medical Foundation, will be made only upon evidence of acceptance by the college named above.

Father's Name _____ Age ____ Gross Annual Income _____

Employment _____ Number of years _____

Mother's Name _____ Age ____ Gross Annual Income _____

Employment _____ Number of years _____

Number of brothers to applicant _____ Ages _____

Number of sisters to applicant _____ Ages _____

Signature: Father _____ Date _____

Signature: Mother _____ Date _____

NOTE: Please provide a copy of your Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR) when submitting this scholarship application. This report should contain your Expected Family Contribution (EFC). The EFC will appear near the top of an electronic (online) SAR or in the upper right-hand portion of a paper SAR.

The FAFSA form can be completed online by accessing <http://www.fafsa.ed.gov/>. If you complete the electronic version of the FAFSA form, the Student Aid Report (SAR) will be sent to you electronically within a few days if you provide a valid email address. If the paper form of the FAFSA form is used, it may take 2-3 weeks before receiving your SAR in the mail.

A publication called *The Student Guide* is a comprehensive resource on student financial aid from the U.S. Department of Education. Grants, loans, and work-study are the three major forms of aid available through the Department's Federal Student Aid office. Updated each award year, *The Student Guide* tells you about the programs and how to apply for them.

You can access this publication at:

http://studentaid.ed.gov/students/publications/student_guide/index.html