



COMMUNITY FOUNDATION
A Proud Affiliate of CFMC, Inc.

FMC Community Foundation
PO Box 2399 · Russell Springs, KY 42642
P: 270.858.6655

FAMILY MEDICAL CENTERS' SCHOLARSHIPS

This \$1000 scholarship is open to any Senior pursuing a career in an approved health-related career path (see below). One recipient will be chosen from each high school in the Family Medical Centers' service area.

Legal dependents of CFMC employees or Board of Directors are ineligible for this award.

Approved health-related career paths:

Physician	Physician Assistant	Nurse	Nurse Practitioner
Nurse Midwife	Nurse Aide	Medical Assitant	Paramedic
Dentist	Dental Hygienist	Surgical Assistant	EMT
Pharmacist	Physical Therapist	Physical Therapist Asst.	Dietician
Pharmacy Technician	Radiology Technician	Speech Pathologist	Optometrist
Ophthalmologist	Occupational Therapist	Clinical Psychologist	Licensed Professional Clinical Counselor
Licensed Marriage and Family Therapist	Licensed Clinical Social Worker	Respiratory Therapist	Chiropractor
Medical Laboratory Technician	Ultrasound Technician	Mammographer	Dental Assistant

Completed applications must be returned to your high school guidance office by _____.

High School: _____

Name: _____

Mailing Address: _____

Cell Phone: _____ Email: _____

(Personal information collected on this application will only be used to contact you to verify enrollment status.)

Cumulative Unweighted GPA: _____ Class Rank: _____ / _____ ACT or SAT Score: _____

1. List any honors or awards you have received in high school:

_____	_____
_____	_____
_____	_____

2. List school affiliated activities:

_____	_____
_____	_____
_____	_____

3. List non-school sponsored community activities:

_____	_____
_____	_____
_____	_____

4. List any work experience:

_____	_____
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5. List special interests, hobbies, talents, etc.:

_____	_____
_____	_____
_____	_____

What technical school/college/university do you plan to attend?

What field of healthcare do you plan to enter? (refer to cover page to verify your career path is approved)

Have you been awarded a scholarship from other sources? If so, please list:

Please attach a verified copy of your official transcript. Official transcript must show class ranking (ex. 1/180).

AUTHORIZATION

-I hereby agree to release and provide the Family Medical Centers' Community Foundation access to my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the following scholarship criteria for the Family Medical Centers' Community Foundation.

-I hereby agree to provide proof of enrollment to FMC Community Foundation upon receiving an awarded scholarship. Proof of enrollment shall be given in the form of a certified class schedule as well as a copy of college student ID. I understand the scholarship funds are only intended for the immediate, upcoming school year and that funds may not be deferred and will be forfeited should I decide to delay continuing my education.

-I hereby agree and understand that any awarded scholarship funds shall be used only for the sole purpose of college credit classes, books, parking passes, or other supplies required for courses in which I am enrolled. I understand that failure to use awarded scholarship funds on the above-mentioned items would result in repayment of all scholarship funds awarded by Family Medical Centers' Community Foundation and exclusion from scholarship program.

-I hereby agree that I meet all the requirements of this scholarship application.

Signature

Date

Scholarship Essay

In a minimum of 250 words, please respond to the prompt below. Your entry MUST be typed and double-spaced. Failure to follow directions will result in your application being disqualified. You may type and attach your writing essay as a separate document.

Essay Prompt: If you could witness any significant event (past, present, or future significant event), which event would you choose and why?