**2015 NEFMSF Scholarship Program**

 **Northeast Florida Medical Society Foundation (NEFMSF) Scholarships\_\_\_\_\_\_\_\_\_**

**McIntosh Scholarship-** awarded to a male student with high academic achievement and strong leadership skills

**Atkins Scholarship-** awarded to a student with high academic achievement and a strong community service background

**Cornerstone Scholarships-** awarded to students who have high academic achievement and represent the values and commitment of the NEFMSF.

**Purpose**

This scholarship fund was established in 2013 by the Northeast Florida Medical Society Foundation. The purpose for this scholarship is to provide financial assistance to African-American high school seniors in Jacksonville, Florida who have been accepted into an accredited college or university with the intention of majoring in an area of science or math.

**Eligibility**

The NEFMSF scholarship will be awarded to an African-American student pursuing a degree

in science or math.

All applicants must meet the following eligibility requirements.

1. Applicant must be at least a high school senior in the Jacksonville, FL metropolitan area.

*2.* Applicant must have a cumulative minimum grade point average of 3.5.

3. Applicant must submit all required application information.

4. Applicant must be nominated by his/her high school guidance counselor.

**Selection**

The recipient will be chosen by the NEFMSF Scholarship Committee. The

Scholarship Committee will determine award recipients by May 4, 2015.

**Awards**

Scholarships in the amount of $5000 will be awarded to each winner.

Award recipients will receive scholarships upon receipt of confirmation of college enrollment from registrar.

**Application Information**

**Procedure**

Applicant must submit the following:

1. Application form

2. Two (2) letters of recommendation from either high school teachers, administrators, counselors, employers, or other individuals with significant knowledge of applicant's experience, academic achievements, and/or community involvement. Recommendations from family members will not be considered.

3. An official and current high school transcript with cumulative grade point average and class standing/rank.

4. Applicant must also complete at least 40 hours of community service. Guidance counselor must verify that documentation of community service hours was submitted to him/her.

5. Proof of college acceptance.

6. Personal Essay

**Deadline**

Deadline for submission: May 4, 2015

**Mail completed application to:**

**Northeast Florida Medical Society Foundation**

**c/o Scholarship Committee**

**9390 Lem Turner Blvd Suite 2**

**Jacksonville, FL 32208**

#### 2015 Northeast Florida Medical Society Foundation Scholarship Application

***Applications must be postmarked by May 4, 2015***

**PART I: PERSONAL INFORMATION**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: Male ( ) Female ( )

Home Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or P.O. Box) (City) (State) (Zip)

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

######

Date of Anticipated High School Graduation: \_\_\_\_\_\_\_\_

Have you been accepted to the college of your choice? \_\_\_\_\_Yes \_\_\_\_\_No

College or University attending in the Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of College/University:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street or P.O. Box) (City/Town) (State) (Zip)

Anticipated Major Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II: RECOMMENDATION LETTERS (2)**

You must provide two letters of recommendation. Letters should provide examples of leadership in projects and solid academic performance. Recommendation letters should be from either high school teachers, administrators, counselors, employers, or other individuals with significant knowledge of applicant's experience, academic achievements, and/or community involvement. The letters must be current (dated after January 1, 2015), on official letterhead, contain your first and last name, and be signed by the writer, who must identify his/her relationship to you (not a family member).

Please list the individuals who are providing your recommendation letters.

Name Position How many years have they known you?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### PART III: LEADERSHIP ACTIVITIES

This should include any office held or mentoring roles. Attach additional sheet(s) if necessary.

**Activity Name Brief description of activity and # of yrs of participation**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### PART IV: COMMUNITY SERVICE AND EXTRA-CURRICULAR ACTIVITIES

This should include any organizational affiliations, sports, or community service. Attach additional sheet(s) if necessary.

**Activity Name Brief description of activity and # of yrs of participation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total number of community service hours: \_\_\_\_\_\_\_\_\_\_\_**

###### PART V: PERSONAL STATEMENT/ ESSAY

Your personal statement/essay is a critical component of your application. Please include it on a separate sheet of paper and take special care in writing it. Your essay should be one typed page (300 words or less)

**Personal Statement/Essay questions:** Please choose one question.

1. Describe a significant setback, challenge or opportunity in your life and the impact that it has had on you. What character traits do you possess that helped you overcome personal adversity?

2. Articulate the career goals you have established for yourself and your plans to accomplish them. Why are you interested in this career? Give at least one specific example that demonstrates your work ethic/diligence.

I certify that all information contained within my application is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated on this form.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Northeast Florida Medical Society Foundation Scholarship Program**

**Application Checklist:**

* Completed application with signature included
* Guidance Counselor Nomination Form
* Two *current* letters of recommendation as outlined in the application
* A copy of your most recent high-school or college transcript (i.e., from your fall semester). A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
* Personal statement/essay
* Photograph (for use to publicize winners)

**All applications must be postmarked no later than May 4, 2015**.

 ***It is the responsibility of the applicant to ensure that all of the required items are submitted on or before the application deadline. Incomplete applications or those submitted after May 4th will not be* processed.**

**Northeast Florida Medical Society Foundation**

**c/o Scholarship Committee**

**9390 Lem Turner Blvd Suite 2**

**Jacksonville, FL 32208**

**Northeast Florida Medical Society Foundation Scholarship 2015**

***Guidance Counselor Nomination Form***

*(Please feel free to copy this form to nominate more than one student.)*

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s phone number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student has submitted documentation verifying hours of community service Yes ( ) No ( )**

**Total number of community service hours \_\_\_\_\_\_\_\_\_\_\_**

 **Strong Weak**

**Academic Performance** 5 4 3 2 1

**Personal Character** 5 4 3 2 1

**Leadership Abilities** 5 4 3 2 1

**Initiative** 5 4 3 2 1

**Extra-curricular Involvement** 5 4 3 2 1

**In the space below, please provide any additional information that may help us assess the student’s talent and abilities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am nominating this student for consideration for a scholarship from the Northeast Florida Medical Society Foundation.

Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return completed form by May 4, 2015 to*

**Northeast Florida Medical Society Foundation**

**c/o Scholarship Committee**

**9390 Lem Turner Blvd Suite 2**

**Jacksonville, FL 32208**