**2020 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 Founda- tion. The purpose of this scholarship is to provide financial assistance to African-American high school seniors in Jacksonville, Florida (Duval County) who have been accepted into an accredit- ed college or university with the intention of majoring in an area of science, technology, engi- neering, or math. The student’s ultimate goal should be to pursue a graduate degree that leads to a career in healthcare (physician, physician assistant, advanced practice registered nurse).

**Eligibility**

The NEFMSF scholarship will be awarded to an African-American student pursuing a degree in science, technology, engineering, or math with the goal of becoming a physician, physician assistant, or advanced practice registered nurse. Children/ dependents of members of the North- east Florida Medical Society are not eligible.

All applicants must meet the following eligibility requirements.

1. Applicant must be a high school senior in Jacksonville, Florida (Duval County).

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

3. Applicant must submit all required application information.

4. Applicant must have two (2) recommendation letters.

**Selection**

Applicants must submit all required documentation and participate in an interview. The recipient will be chosen by the NEFMSF Scholarship Committee. The

Scholarship Committee will determine award recipients and notify them by July 1, 2020.

**Awards**

A one-time scholarship 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) recommendations 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. A current high school transcript with cumulative grade point average and number of community hours indicated.

4. Applicant must complete at least 75 hours of community service.

5. Proof of college acceptance.

6. Personal Essay (see application for topic options).

7. Photograph (will be used to publicize winners).

**Deadline**

Deadline for submission: April 15, 2020

**Application may be submitted by regular mail or email. Mail completed application and supporting documentation to: Northeast Florida Medical Society Foundation**

**c/o Scholarship Committee**

**PO Box 40665**

**Jacksonville, Florida 32203**

**OR**

**Submit application and supporting documentation to:** [NEFMS**F**oundation@gmail.com](mailto:NEFMSFoundation@gmail.com)

**2020 Northeast Florida Medical Society Foundation Scholarship Application**

***Applications must be postmarked by April 15, 2020***

**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: 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 III: COMMUNITY SERVICE AND EXTRA-CURRICULAR ACTIVITIES**

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

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

**Total number of community service hours:**

**PART IV: 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 demon- strates 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

❑ Two Recommendation letters

❑ A copy of your most recent high-school transcript. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.

❑ Community service hours documented on the transcript.

❑ Proof of college acceptance

❑ Personal statement/essay

❑ Photograph (for use to publicize winners)

**All applications must be postmarked no later than April 15, 2020**.

***It is the responsibility of the applicant to ensure that all required items are submitted on or before the application deadline. Incomplete applications or those submitted after April 15th will not be* processed.**

**Northeast Florida Medical Society Foundation c/o Scholarship Committee**

**PO Box 40665**

**Jacksonville, Florida 32203**

[NEFMSFoundation@gmail.com](mailto:NEFMSFoundation@gmail.com)