

2016 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 June 2, 2016. All applications must be received by May 2, 2016

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 2, 2016

Mail completed application to:

Northeast Florida Medical Society Foundation

c/o Scholarship Committee

9390 Lem Turner Blvd Suite 2

Jacksonville, FL 32208

2016 Northeast Florida Medical Society Foundation Scholarship Application

Applications must be postmarked by May 2, 2016

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, 2016), 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.

<u>Name</u>	<u>Position</u>	<u>How many years have they known you?</u>
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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
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 2, 2016.

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 2nd 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 2016

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 2, 2016 to

Northeast Florida Medical Society Foundation

c/o Scholarship Committee

9390 Lem Turner Blvd Suite 2

Jacksonville, FL 32208