

## Wichita County Medical Alliance

### Scholarship Application

The purpose of the scholarships is to encourage and support Wichita and surrounding County students to pursue careers as physicians, nurses, and other health care professionals.

#### Eligibility

Scholarships are awarded on the basis of scholastic ability (**must have a 3.0 GPA or higher**), character, financial need, and school and community achievements. Applicants **must** be a resident of **Wichita, Archer, Baylor, Clay, and Knox Counties** for at least one year, and applicants may reapply. Additionally, applicants **must attend** a school located in the state of **Texas**. You are **ineligible** if you or any family member is eligible for membership in the Wichita County Medical Alliance.

#### Scholarship amount

A \$1,500-2,000 scholarship is provided per student (4-5 scholarships will be awarded) which may be used for tuition, meal plans and any expenses associated with their academic endeavors.

#### Selection Committee

The selection committee for this scholarship is the Wichita County Medical Alliance. The selection committee will not consider race, creed, color, national origin or sex of any student in its deliberations.

#### Application Process

This **application form**, including the signed certification statement on page 2, shall be completed by each applicant and **include**

- **an essay**
- **most recent full-time student transcript**
- **2 reference forms**
- **pages 1 and 2 of the previous year's tax return**

The due date for applications is set by The Wichita County Medical Alliance and is **June 28, 2024**.

#### Selection of Recipient

All scholarship recipients will receive an e-mail notification by the first week in August. A listing of recipients will also be posted online. If selected, the Alliance treasurer will forward scholarship funds to the business office of the school chosen by the scholarship recipient. The recipient must send a typed letter informing the Alliance of his/her enrollment at a particular institution.

#### Scholarship Criteria or Application Questions

All applications must be printed and mailed to the Wichita County Medical Alliance, Attn: Director of Scholarships, P.O Box 1030, Wichita Falls, TX 76307-1030. Questions: [wcmAlliance@gmail.com](mailto:wcmAlliance@gmail.com), subject: scholarship.

**Wichita County Medical Alliance**

**Scholarship Application**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone # \_\_\_\_\_ email \_\_\_\_\_

(Circle): Male / Female Married/Single/Divorced U.S. Citizen/Legal Resident, Other \_\_\_\_\_

How many years have you lived in Wichita, Archer, Baylor or Clay County? \_\_\_\_\_

PREVIOUS EDUCATION: HIGH SCHOOL AND/OR COLLEGE INFORMATION

HS Name \_\_\_\_\_ City & State \_\_\_\_\_

Graduation Year \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_

College/Univ \_\_\_\_\_ # credits earned \_\_\_\_\_ GPA \_\_\_\_\_ Degree? Yes/No

Please send your **most recent** full-time student transcript by **June 28, 2024**.

College/Univ./medical school you plan to attend in the upcoming fall? \_\_\_\_\_

Medical certification/degree being sought \_\_\_\_\_ Have you been accepted? Yes/No

Financial Information

Estimated college expenses next year: Tuition \$ \_\_\_\_\_ Room/Board \$ \_\_\_\_\_ Books \$ \_\_\_\_\_

Father Name \_\_\_\_\_ employer/occupation \_\_\_\_\_

highest level of education \_\_\_\_\_

Mother Name \_\_\_\_\_ employer/occupation \_\_\_\_\_

highest level of education \_\_\_\_\_

Do you receive living or Education expenses from your parents or relatives? Explain

\_\_\_\_\_

Have you applied for Federal/State student financial aid (FAFSA)? Yes/No ...List all funds received in scholarships awarded, grants awarded (federal, Pell, State) and assistance offered by University/college:

\_\_\_\_\_

\_\_\_\_\_

List your work experience for the last 4 years including employer/position/hours/week worked.

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## 2 References

1 or 2 non-related adult references from teachers and/or 1 non-related adult reference from someone that has known you more than one year. The references should be mailed to Wichita County Medical Alliance, Attn: Director of Scholarships, P.O. Box 1030, Wichita Falls, TX 76307-1030 and postmarked by June 28, 2024. The letters should be mailed by the person providing the student evaluation. It is the student's responsibility to ensure the requested letters of reference are mailed prior to the due date.

## Essay

On a separate piece of paper in 200 – 300 words, type an essay describing, "Why you want to pursue a medical career". Please include specific information such as your career goals, personal challenges, motivating factors, life goals, work experience, and any other awards or experience that will help us in evaluating your application. Please use the essay to explain your financial need and how this scholarship is useful to you along with other family support you receive. Please take this seriously; be thorough and complete. The essay must be the Applicant's original work.

## Transcript

Attach your most recent full-time student transcript.

## Tax return

Attach pages 1 and 2 of the previous year's tax return.

## Certification:

*I certify that all of the information on this form is accurate and complete to the best of my knowledge. The application package becomes the property of the Wichita County Medical Alliance Scholarship Committee and will not be returned or acknowledged. Falsification of information may result in termination of any scholarship granted. I further certify that the essay included is my original work. I understand that all references are confidential and that no one, including myself, other than the Selection Committee members, may examine them. I certify that my gross income level indicated on this form is accurate and complete to the best of my knowledge. If chosen as a scholarship recipient, I commit to submitting a brief quote expressing how I will benefit from the scholarship within 7 days of being notified of the award and grant permission for such quote to be included in WCMA communications along with my name and academic institution.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Application must be postmarked no later than June 28, 2024. Incomplete applications or those postmarked after the deadline will not be considered. Application reference letters must be mailed by the letter writer and postmarked by June 28, 2024.**

**PLEASE WRITE LEGIBLY.**

**Mail to:**

**Wichita County Medical Alliance  
Attn Director of Scholarship  
P.O. Box 1030  
Wichita Falls, TX 76307-1030**