

*Peoria Medical Society and
Alliance Charitable and
Educational Foundation, Inc.*



2010/2011

Scholarship Application

*Please compile all necessary information and return in one packet before
February 5, 2010 to:*

Lisa Clemson
Scholarship Committee Chair
917 W. Bennett Ct.
Dunlap, IL 61525
Phone: 309-243-7730
lcreadr@comcast.net

(Please Note: Applications postmarked AFTER this date will not be considered)

(dated 9/15/2009)

PEORIA MEDICAL SOCIETY & ALLIANCE CHARITABLE AND EDUCATIONAL FOUNDATION, INC.

SCHOLARSHIP APPLICATION GENERAL INFORMATION



IMPORTANT NOTE: You are only eligible to receive a scholarship if you:

- Have been a resident of Peoria, Tazewell or Woodford County for at least 3 consecutive years
- Have achieved at least a 3.0 grade point average
- Have completed one (1) full semester of study in your major at a baccalaureate/graduate program at an accredited institution: (Pre-med, pre-nursing, or general education courses do not qualify)

PLEASE TYPE

Full Name _____
First _____ Middle _____ Last _____

Present Address _____

Telephone # _____ Permanent Address _____

County _____ How Long Lived There? _____ How Long in Tri-County? _____

Marital Status: Single Married Widowed Divorced Email Address: _____

Have you previously been awarded a Peoria Medical Society and Alliance Scholarship? ___ Yes ___ No (for information only)

Name & address of high school where you graduated? _____ Year _____

Name of University you are attending _____ School of _____

Have you completed one (1) full semester of study? ___ Yes ___ No

Is this an accredited school? _____ What other schools have you attended? _____

_____ Graduated _____

Year _____ If in Post Graduate Program, please state full or part-time _____

What is your occupational/professional goal? _____

How likely are you to practice in the tri-county area? ___ Definitely ___ Very ___ Somewhat ___ Unsure ___ Not at all

If no, in what area would you like to practice after completion of your academic requirements?

List any honors received:

What is your cumulative grade point average at present? _____

List all jobs you have held; dates, employer(s) and type of work (continue on back of page). _____

**PEORIA MEDICAL SOCIETY
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SCHOLARSHIP APPLICATION FINANCIAL INFORMATION

Name _____ Telephone _____
First Last

Address _____
Street City/State Zip

HOUSEHOLD INFORMATION

(Please complete either Section A or Section B; whichever is applicable.)

Section A

(For students dependent on parents)

Student's Age _____ Student's year in college at the **next fall semester** _____
Parents' Marital Status: Single _____ Married _____ Widowed _____ Divorced _____
Parents' State of permanent residence. _____
Age of older parent. _____
Number of family members considered dependent on your
parents last academic year. _____
Do you anticipate a change in this number? _____
Are you one of these? _____
Number of household members that will be attending college on
at least a half-time basis in the next academic year.
(Do not include parents) _____

FAMILY INCOME TAX INFORMATION

(Please use figures based on the last year filed.)

Total exemptions to be claimed on your parents' return _____
Parents' adjusted gross income _____
Parents' Federal tax to be paid _____
Deduction for married couple when both work _____
Payments to IRA or Keogh _____
Parents' itemized deductions _____
Father's wages/earnings _____
Father's occupation _____
Mother's wages/earnings _____
Mother's occupation _____
Family's annual social security benefits (include parents and
dependent children under 18) _____
Medical/Dental expenses not covered by insurance _____
Student's wages/earnings _____

Are there any foreseeable major changes of income for the next year? ____ Yes ____ No
If yes, please explain _____

Section A *Continued*

FAMILY ASSET INFORMATION

Student's cash, savings, checking, CDs, and net assets _____
Parents' cash, savings, checking, CD values _____
Parents' home equity (market value less mortgage owed) _____
Parents' other real estate and investment equity _____
Parents' business and/or farm equity _____
Financial assistance received for the last _____
academic year _____

STUDENT'S EXPECTED INCOME FOR THE NEXT FALL & SPRING SEMESTER

Student's monthly Veteran's benefits _____
Annual amount of other non-taxable income _____
received by student _____
Student's expected earnings _____



End of Section A
If dependent student, turn to page 4.

Section B

(For independent students with established households)

Student's Age _____ Student's year in college/professional school _____
(current school year) _____
Total size of student's household during the previous academic year _____
Do you anticipate a change in this number? _____
Number of household members that will be attending college on at least _____
a half-time basis during current academic year. _____

INCOME INFORMATION (2009)

Total exemptions to be claimed on IRS return: _____
Student's (and spouse) adjusted gross income: _____
Student's (and spouse) Federal tax to be paid: _____
Deduction for married couple when both work: _____
Student's (and spouse) itemized deductions: _____
Student's income: _____
Spouse's income: _____
Student's (and spouse) social security benefits - per month: _____
Estimated non-taxable benefits received (unemployment, _____
AFDC, child support, etc.): _____
Medical/Dental expenses not covered by insurance: _____

Section B Continued

ASSET INFORMATION

Cash, savings, and checking accounts _____
Home equity (market value less mortgage owed) _____
Trusts, stocks, and/or investments _____
Other real estate and investment equity _____
Business and/or farm equity _____
Financial assistance received for the last academic school year _____

STUDENT'S CURRENT SCHOOL YEAR EXPECTED INCOME

Student's (and spouse) summer taxable income
(June-August) estimated **2010** _____
Student's (and spouse) expected 9 month **2010-11** income
(September-May) _____
Veterans educational benefits (amount per month) _____
Estimated non-taxable income
(child support, AFDC, unemployment, etc.) _____

End of Section B

NOTE
The information below as well as page 5 is to be completed by ALL applicants.

Amount of financial assistance expected (please estimate if not known) from the educational institution you plan to attend in the next academic year:

Scholarship Grant \$ _____
Work Eligibility \$ _____
Guaranteed Student Loan \$ _____
Other Loans \$ _____
Other \$ _____

Will your parents contribute to your education? _____

After consideration how much do you think your parents will provide for the next academic year? \$ _____

Will you receive assistance from any other source? Yes No

Please indicate the source(s) and amounts below:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

List your anticipated expenses for the entire school year (estimate):

Tuition and Fees	\$ _____	Room	\$ _____
Board	\$ _____	Books	\$ _____
Supplies	\$ _____	Transportation	\$ _____

Other (Please specify) _____

TOTAL amount of financial assistance desired \$ _____

Please submit two (2) copies of the following material:

- A. The application form.
- B. Two letters of reference (not relatives), include titles for teacher, counselor or employer.
- C. A brief account of yourself, stressing aspects relevant to your professional choice and goals (including leadership roles, community service and activities outside of school).
- D. A copy of your college transcripts and all available aptitude and achievement tests.

Please send this information to Lisa Clemson, Chairperson.

If two (2) copies are not received, this application may not be considered.

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE

The information on this application is, to the best of my knowledge, complete and valid. It is understood that awarded scholarship money will be paid directly to the school to be applied toward tuition.

Signature of Applicant

Signature of Parent or Guardian, if applicant is not completely self-supporting.

Date

Date