

*Peoria Medical Society and
Alliance Charitable and
Educational Foundation, Inc.
2012/2013*

Scholarship Application

Scholarship Eligibility Requirements:

- 1. Primary resident of Peoria, Tazewell or Woodford County for at least 1 year**
- 2. Achieved at least a 3.0 grade point average on a 4.0 grade scale.**
- 3. Have completed one (1) full-time semester of study of a baccalaureate or graduate program at an accredited institution in medicine or an allied health profession(i.e., nursing, occupational health, pharmacy, physical therapy, etc) (Pre-med, pre-nursing or general education courses do NOT qualify)**

Scholarship awards will be made on the basis of merit and need up to \$3,000. Selection will be based on academic excellence as determined by grades, recommendations, financial need, community service and demonstrated leadership.

Application Packet should contain each of the following:

- 1. Completed application form**
- 2. One professional letter of reference.**
- 3. A brief personal account stressing goals and objectives**
- 4. An official copy of college transcripts and any available aptitude/achievement tests.**

Completed packets must be postmarked by February 10, 2012 and directed to:

Peoria Medical Society
Attn: Scholarship Committee
7700 N Harker Dr Ste D
Peoria, IL 61615

Peoria Medical Society phone: (309) 692-1192

PEORIA MEDICAL SOCIETY & ALLIANCE CHARITABLE AND EDUCATIONAL SCHOLARSHIP APPLICATION GENERAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Full Name _____

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-time semester of study? Yes No

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

Current year of study: _____ Anticipated Graduation Date: _____

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

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

SCHOLARSHIP APPLICATION FINANCIAL INFORMATION

Name _____ Telephone _____

Address

Street _____ City/State _____ Zip _____

Section A

(For students dependent on parents)

Student's Age _____ Student's year in college in 2012 _____

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 _____

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 5.

Section B

(For independent students with established households)

Student's Age _____ Student's current year in college/professional school _____

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 (2010)

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: _____

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 2012** _____

Student's (and spouse) expected 9 month **2012-13** income (September-May) _____

Veterans educational benefits (amount per month) _____

Estimated non-taxable income (child support, AFDC, unemployment, etc.) _____

End of Section B – continue below

ALL Applicants: Please complete the application:

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 one copy of the following material:

- A. The application form.
- B. One professional letter of reference.
- 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. An **official** copy of your college transcripts and any available aptitude and achievement tests.

Please send this information to:

Peoria Medical Society
 Scholarship Committee
 7700 N. Harker Dr. Ste D.
 Peoria, IL 61615

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