



Dear Medical School Scholarship Applicant:

Attached is a scholarship application to be completed for consideration by the George H. James Scholarship Committee.

The completed application packet is to include:

1. Application Form
2. Typed Autobiographical letter with career objectives.

Answer all applicable questions and please refrain from writing “see attached”. Once you have completed the attached application and autobiographical letter, return both forms no later than *March 15, 2010* to:

Robin Clark  
Schneck Medical Center  
411 West Tipton Street  
Seymour, IN 47274

Guidelines:

1. Primary consideration will be given to Jackson and Jennings County residents who intend to practice medicine in Jackson County.
2. Candidate must complete an application available at [www.schneckmed.org](http://www.schneckmed.org) or the hospital administration office.
3. Candidate must submit proof of acceptance to medical school and provide a transcript.
4. This is only an application and does not guarantee a scholarship.
5. You will be notified by letter once the selection has been made. If you have any questions, please contact Robin Clark at 812.524.4238 or [rclark@schneckmed.org](mailto:rclark@schneckmed.org).

**SCHNECK MEDICAL CENTER**  
**GEORGE H. JAMES, JR.**  
**SCHOLARSHIP APPLICATION**  
For Candidates Enrolled in Medical School

**I. PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
(Last) (First) (Middle) Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Resident of \_\_\_\_\_ County

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number and ages of siblings (indicate if in college): \_\_\_\_\_

Marital status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Occupation of spouse: \_\_\_\_\_

Children: Number \_\_\_\_\_ Ages \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

<u>List school(s) attended</u>	<u>Location</u>	<u>Years Attended</u>	<u>Major/Course of study</u>
High School	_____	_____	_____
College	_____	_____	_____
Medical School	_____	_____	_____

Anticipated date of graduation: \_\_\_\_\_

Have you ever worked at Schneck? ( ) No ( ) Yes If yes, when: \_\_\_\_\_

Department worked: \_\_\_\_\_ Supervisor: \_\_\_\_\_

List job description: \_\_\_\_\_

**III. EXTRACURRICULAR ACTIVITIES**

Please list organizations, community activities, clubs and athletics you have been involved with (including years of involvement and leadership positions held):

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Honors and awards received:

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**IV. EMPLOYMENT HISTORY (PAST AND PRESENT)**

<u>Job Title/Description</u>	<u>Period of Employment</u>	<u>Hours Worked/Wk</u>
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<hr/>	<hr/>	<hr/>
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**V. FINANCIAL RESOURCES**

Estimated annual cost of medical school tuition: \$ \_\_\_\_\_  
Estimated parent contribution: \$ \_\_\_\_\_  
Estimated student contribution: \$ \_\_\_\_\_  
List 2010 scholarships and grants:  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
Existing educational loan balances: \$ \_\_\_\_\_  
Other:  
\_\_\_\_\_  
\$ \_\_\_\_\_

Other financial considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Applicant Signature) (Date)