



405 Belcher Street
Centreville, AL 35042

(p) 205-926-2992
(f) 205-316-7675
CahabaMedicalCare.com

Cahaba Medical Care Foundation Scholarship

The Cahaba Medical Care Foundation (CMCF) Scholarship was established in 2018 to recognize and assist deserving local students in gaining the necessary skills to become our communities' healthcare providers of tomorrow.

We are pleased to invite graduating seniors who are seeking a career in a healthcare-related field (e.g. physician, nurse, therapist, technologist, pharmacist, etc.) to apply for the CMCF Scholarship. A \$500 scholarship will be awarded to one student from each Cahaba Medical Care service area.

To be considered for a CMCF Scholarship, a student must:

- Be a graduating senior at one of the designated schools located in a Cahaba Medical Care service area.
- Have a cumulative GPA of 3.0 or higher.
- Intend to pursue studies in a healthcare-related field.
- Complete the application form on the following page.
- Compile the required Scholarship Packet as described on page three.
- Mail or deliver your Scholarship Packet to the address listed at the bottom of page three. Submissions must be **received** by April 19, 2019.

Scholarships will be awarded on the basis of application quality, scholastic excellence, community service and activities, letters of recommendation and financial need. In order to keep the selection process completely objective, CMCF will hide all identifying information before presenting submissions to a selection committee of community stakeholders. CMCF will notify the school's guidance counselor when the recipient has been chosen. If the school has an awards ceremony, CMCF will present the scholarship award to the chosen recipient at that time, or alternatively, at a time/location designated by the school guidance counselor.

Cahaba Medical Care Foundation Scholarship - Application Form

Name: _____ GPA: _____

High School: _____

Intended College/University: _____

Intended Major/Degree Program: _____

List your school activities, extracurriculars and community service involvement:

List your honors/awards/recognitions: _____

Have you been awarded other scholarships? If so, please list the name(s) and amount(s):

I have read and understand the conditions of the scholarship as explained. I give permission to school officials to release my transcripts of my academic record. I affirm that all statements included in this scholarship application and attached supporting materials are true, complete and correct. I understand that any misrepresentation will result in the loss of eligibility for this scholarship. In the event I am chosen to receive this scholarship, I give permission for photographs to be made and consent to the use of my image in publications, news releases, online and/or in other communications related to the mission of Cahaba Medical Care Foundation.

Signature: _____

Date: _____

Cahaba Medical Care Foundation Scholarship - Instructions for Scholarship Packet Requirements

Letter of Recommendation: Provide a letter of recommendation from a teacher, counselor, principal, employer and/or other mentor who can describe your abilities and potential to succeed as you pursue a career in a healthcare field.

High School Transcript: Include a recent copy of your high school transcript.

Supplemental Questions: Provide your response to the following on a separate sheet of paper. Please limit your response for each question to three (3) paragraphs or less.

- What are your career and educational goals and how do you intend to reach them? Describe the qualities you have developed that will help you succeed in obtaining your goals.
- What healthcare profession do you wish to pursue and why?
- Where or in what type of setting would you like to work as a healthcare professional and why? How likely would you be to eventually work in a Cahaba Medical Care service area?
- How do you plan to pay for your college education? (i.e. parents, scholarships, loans, working, savings, etc.) From a financial standpoint, what kind of impact would this scholarship have on your education?
- What positive contributions have you made to your community? How do you envision yourself making an impact to society in the future?

Place the following in a 9" x 12" envelope:

- Completed scholarship application form
- Letter of recommendation
- High school transcript
- Response to supplemental questions

Please mail or deliver your Scholarship Packet to the following address:

**Cahaba Medical Care Foundation
405 Belcher Street
Centreville, AL 35042**

Packets must be received (not postmarked) by April 19, 2019. Late and/or incomplete submissions will not be considered. If you have any questions regarding this scholarship and/or the application process, please contact Courtney Allen at courtney.allen@cahabamedicalcare.com.