STATEMENT OF PURPOSE:
To promote high-quality health care in Smith County by assisting qualified students in health career programs at Tyler Junior College (TJC) and the University of Texas at Tyler (UT Tyler).

I. Eligibility

The eligible applicant:

• Is a **full time** student at Tyler Junior College or University of Texas at Tyler. We will follow the guidelines of each institution in determining the full time status. TJC requires a minimum of 9 hours for full time status; UT Tyler requires 12 hours for undergraduate programs and 9 hours for graduate programs.

• Earned a college GPA of 3.0 or higher.

• Has completed, by the end of the Spring 2016 semester, one year of an approved health program or prerequisites for a health career program.

• Is **enrolled** in one of the Approved Health Programs listed below:

<table>
<thead>
<tr>
<th>Tyler Junior College</th>
<th>UT Tyler</th>
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<tbody>
<tr>
<td>Associate Degree in Nursing</td>
<td>Bachelor of Science Degree in Nursing</td>
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<tr>
<td>Diagnostic Medical Sonography</td>
<td>Masters of Science Degree in Nursing</td>
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<tr>
<td>Emergency Medical Technician</td>
<td>Nursing RN – MSN</td>
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<td>Licensed Vocational Nursing</td>
<td>Nurse Practitioner MSN</td>
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<td>Medical Laboratory Technology</td>
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<td>Radiological Technician</td>
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<td>Respiratory Therapy</td>
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<td>Surgical Technology</td>
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II. Application Form

III. Application Process

All of the following must be completed in its entirety in order for the application to be considered. **OUR COMMITTEE WILL NOT REVIEW ANY INCOMPLETE APPLICATIONS:**

1. Scholarship Application Form
2. Essay must be typed on a separate sheet/s of paper in response to the question posed.
3. Official transcripts from TJC/UT Tyler.
4. Obtain all required signatures (applicants, department chairman’s and financial aid officer’s)
5. Letter of recommendations – a minimum of two letters from any of the following: department chairs/instructors/supervisors or employers. These can be mailed separately or included with application.

All of the above-mentioned items, except the letters of recommendation which we will accept separately, must be mailed in one envelope and postmarked no later than **March 25, 2016** for consideration by our Scholarship committee. SCMSA awards scholarships in May.

Please mail your completed application including all additional documents to the following:

SCMSA  
ATTN: SCHOLARSHIP CHAIRMAN  
P.O. BOX 8714  
TYLER, TX 75711-8714

Contact the Scholarship Chairman at scmsascholarship@gmail.com with questions.

IV. Eligible Educational Expenses

Those applicants who are fortunate to be awarded a scholarship from the SCMSA can use the scholarship for the following eligible educational expenses:

- Tuition expenses for degree program
- Textbooks and other required course materials
- Laboratory fees
- Examination fees for certifications/licensing
- Uniform expenses

**This committee shall give equal consideration to all applicants without regard to race, creed, color, national and ethnic origin, gender, age, marital status, and disability or veteran status in the awarding of these scholarships.** Officers, directors, contributors, staff, and their immediate families are ineligible to receive a scholarship. (Rev. 02/11)

Smith County Medical Society Alliance
Date: ______________________

**Demographic Information:**

Name: __________________________________________________________________________________

Date of Birth: ___/___/_______    Age: ______

Student ID #: __________________________________________________________

Enrollment Status (circle one): _____TX Resident    _____Smith County Resident

   _____Out of State    _____Out of County    _____Foreign

Address: _____________________________________________________________________________

City: ____________________________________    State: _________    Zip: ____________

E-Mail: _______________________________________________________________________________

Marital Status: _______ Single    ________ Married    _______ Divorced

Is your place of residence: ________ with your parents    ______ in dorm/apartment

   ________ with spouse and/or children.

**Scholastic Information:**

College or University where scholarship will be applied: _______ TJC    _______UT@ Tyler

Semester(s) you are applying for: _____________ Fall 2016    ___________ Spring 2017

Approved Health Program you are enrolled in: _____________________________________________

Hours completed towards your degree: ________

Hours you are currently enrolled in: _________

Hours remaining to complete your degree: ________    Graduation date: ________________

**Education:**
Attach additional paper if necessary to document more than four institutions.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree</th>
<th>Years Attended</th>
<th>Transcript Obtained and Enclosed</th>
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**Employment History:**

Current employer: ________________________________________________

Position/Title: ____________________________

Length of employment: _______________ Hours per week: ____________

(List your employment history for the past five years on a separate sheet of paper. Please include name of employers and addresses, your position, length of employment, and hours per week on a separate sheet of paper).

Do you plan to continue working during the 2016-2017 school year? Yes / No

If yes, how many hours per week do you plan to work? ______________

If applicable, Your Spouse’s employer: ________________________________

Position/Title: ____________________________

Length of employment: _______________ Hours per week: ____________

**Financial Information:**
Estimate of annual income from the following (other sources are child support, government aid, etc.):

- Self $__________________
- Support from parents $__________________
- Spouse $__________________
- Other sources $__________________

Estimated annual living expenses for which you are responsible:

- Rent/mortgage $____________
- Car payments/transportation costs $____________
- Utilities $___________
- Food $___________
- Medical $___________
- Insurance $___________
- Child-care/other caregiving $______________
- Other debts $________________________________________

Discuss special circumstances of yourself, parents, spouse, or children that affect your cost of living:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Dependent Information:

Please provide the following dependent information. A dependent is your child/children and/or elderly parents for whom you provide financial support and care. To protect your privacy, please do not include names of your dependents.

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<th>Dependent</th>
<th>Age</th>
<th>Full-Time Day Care</th>
<th>Part-Time Day Care</th>
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Essay Question:
Please choose one of the following essay questions. Type your essay on a separate sheet/s of paper with your name, student ID#, and signature on the top right hand corner, pages numbered, and submit with your completed application form:

- What are the characteristics of a strong leader within your chosen health field? How do you believe you demonstrate those characteristics?

- What personal characteristics and life experience do you have that you believe make you well suited for career in the health field of your choosing?

**Recommendations:**

We encourage the submission of a minimum of two letters of recommendations from department chairs, instructors, supervisors, or employers. They may be included with your application in a separately sealed envelope or please have those who are submitting recommendations mail them to:

SCMSA,  
c/o Scholarship Chairman,  
P.O. Box 8714,  
Tyler, TX 75711

**Transcripts:**

Please provide official (sealed) transcripts for review by the committee. We require the transcripts of the institution where you are completing your degree only.

**Signatures:**

All signatures are required in order for financial and academic information to be released. The application form will not be considered without required signatures.

Applicant:  
Department Chair:

________________________________________  
________________________________________

________________________________________  
________________________________________

**This section to be completed by the Financial Aid Office:**

Estimated Expected Family Contribution: $________________________________________
Unmet need if known: $_____________________________ 

Signature of Financial Aid Officer: _______________________________