



SMITH COUNTY MEDICAL SOCIETY ALLIANCE SCHOLARSHIP POLICIES

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

I. Eligibility

- Must be a full time student
- Must show scholastic achievement
- Must have completed one **year** of an approved health program or prerequisites for a health career program.
- Approved Programs:
 1. Associate Degree in Nursing – TJC
 2. Bachelor of Science Degree in Nursing – UTT
 3. Licensed Vocational Nurse – TJC
 4. Medical Technology – UTT & TJC
 5. Respiratory Therapy – TJC
 6. Radiological Technician – TJC
 7. Emergency Medical Technician - TJC
 8. Nursing Master's/Doctoral Degree Candidates - UTT

II. Application Form

- May be obtained online at www.scmsalliance.com, (www.tjc.edu/scholarship), www.uttyler.com, or at the Financial Aid Office at TJC or UTT. **Please make sure it is a current application form.**

III. Application Process

- **All of the following must be completed in order for the application to be considered:**
 1. Application form must be completed in its entirety
 2. Essay must be typed on a separate sheet/s of paper
 3. Official transcripts must be submitted.
 4. Obtain all required signatures (applicants, department chairman's and financial aid officer's)
 5. A minimum of two recommendations from department chairs, instructors, supervisors or employers must be submitted
 6. All required information must be received by the following deadline:

March 1st (Scholarships will be awarded in June.)

**All required information should be mailed to: SCMSA C/O SCHOLARSHIP CHAIRMAN
P.O. BOX 8714
TYLER, TX 75711-8714**

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.



**SMITH COUNTY MEDICAL SOCIETY ALLIANCE
SCHOLARSHIP APPLICATION FORM**

Instructions: Please complete the following form and submit it with the required essay and transcripts to:

**SCMSA
C/O Scholarship Chairman
P.O. Box 8714
Tyler, TX 75711-8714**

Date: _____

Demographic Information:

Name: _____ Age _____ Date of Birth _____

Social Security Number _____ Student ID # _____

Address _____ City _____ State _____ Zip _____

Phone _____ email: _____

Marital Status: (circle one) single married divorced

Spouse's Name: _____

Spouse's Address: _____ City _____ State _____ Zip _____

If you live at home: Parent's name _____

Address: _____ City _____ State _____ Zip _____

Scholastic Information:

Circle College or University where scholarship will be used: TJC UTT

Circle semester you are applying for: (you may circle both) Fall Spring

Health Career Program you are enrolled in: _____

Number semesters completed: _____ Length of Program _____ Graduation Date _____

Expected number of theory course contact hours you will be enrolled in _____

Expected number of laboratory/clinical contact hours you will be enrolled in: _____

Cost of tuition per semester: _____ Books: _____

Other (specify): _____

Education: Use additional sheet of paper if needed.

Institution Attended	Degree	Years
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Employment Information:

Applicant's employer _____ Position _____
Length of Employment _____ Do you plan to work while in school? ____ Yes ____ No
How many hours/week will you be working? _____
Spouse's employer _____ Position _____

Financial Information: Please answer the following questions in dollar figures.

Yearly income provided by self _____ Yearly income provided by spouse _____
Yearly income provided by parent/parents _____
Total yearly household income (*ex. salaries, child support, support from family/next of kin and government*) _____
Do you live with your parents? __Yes __No If you answered yes to this question provide your parent's total yearly household income _____
Dollar amount of applicants' monthly rent or mortgage payment _____

Dependant Information

Number of dependents (*include self, spouse and children*) _____
Ages of dependents (*include self, spouse and children*) _____
Number of dependents requiring full-time day care _____
Number of dependents requiring part-time day care _____
Discuss special circumstances in your family that necessitates financial aid: _____

List other grants, loans and/or scholarships you have applied for this year:

Personal Goals and Plans:

What has been the most significant influence in choosing your career? Please type your essay on a separate sheet/s of paper and submit with this application form.

Recommendations:

We encourage the submission of recommendations from department chairs, instructors, supervisors, or employers. Please have those who are submitting recommendations mail them to:
SCMSA, c/o Scholarship Chairman, P.O. Box 8714, Tyler, TX 75711

Transcripts:

Official transcripts must be submitted.

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: _____
Financial Aid Officer: _____
EFC: _____ **Unmet need if known:** _____

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