



Tarrant County Medical Society
Tarrant County Medical Society Alliance Foundation, Inc.

ALLIED HEALTH SCHOLARSHIP ELIGIBILITY AND REQUIREMENTS



All applications must be complete, and all required documentation included to be considered for the scholarship. Incomplete scholarship packets, will not be considered.

Eligibility

- Applicants must attend a Tarrant, Parker, or Johnson County school or pursue an Allied Health program that is not offered in Tarrant, Parker or Johnson County i.e. pharmacy.
- Applicants must have completed one semester of college work and must have completed one semester in nursing or their current allied health program.
- Students must be enrolled or registered for courses in nursing and allied health fields.
- Must show financial need.
- Graduate students are NOT eligible.

Requirements

- Applicants must submit an official transcript from each university attended for more than one semester. Your current transcript is mandatory.
- Two letters of recommendation from sources personally familiar with the applicant. One letter must be from a professor or instructor in the student's current allied health program.
- Personal statement explaining why applicant should be a recipient of this scholarship. This should include academic accomplishments, career goals, extracurricular activities, relevant personal details, reference to financial need, and itemization of current financial support.
- Evidence of financial need including itemization of current financial support and an estimation of tuition, books, and fees.

Allied Health Professions

Clinical Dietetics
Echocardiography
Emergency Technician
Medical Laboratory Technology
Medical Optometry
Medical Sign Language

Medical Technology
Clinical Lab Sciences
Mental Health
Health Information Technology
Nursing
Occupational Technology
Pharmacy

Pharmacy Technician
Prosthetics
Radiological Technology
Rehabilitation Services
Respiratory Care
Surgical Technology

**Application and ALL required information must be received by
March 27 to be considered.**



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ALLIED HEALTH SCHOLARSHIP APPLICATION



Scholarships are awarded to students in undergraduate allied health or nursing fields based on financial need as well as scholastic achievement. Graduate programs are not eligible. Scholarship money will be paid directly to your school.

Full Name _____ Date of Birth _____
 Mailing Address _____
 Permanent Residing Address _____
 Phone Number _____ Marital Status () S () M () D () W
 Email Address _____ Social Security # _____
 Number of Dependent Children _____ Ages _____
 Parents' Names _____
 Address _____
 Father's Occupation _____ Mother's Occupation _____
 Spouse's Name _____ Spouse's Occupation _____

Educational Background

High School Graduate () yes () no College Graduate () yes () no
 Current School _____
 Total hours attempted _____ Total hours completed _____
 Current Program of Study _____
 Current hours enrolled _____ Current GPA _____
 Hours to be taken next fall _____ next spring _____
 Estimated Date of graduation from current school _____

Previous School(s), transcripts must be provided

_____ Total hours _____ GPA _____
 _____ Total hours _____ GPA _____

References Please list two. One **must** be from an Allied Health professor or teacher.

Name _____ Title _____
 Phone _____ Email _____
 Name _____ Title _____
 Phone _____ Email _____

Financial Information

Anticipated Tuition and Fees for next year

Fall _____
Spring _____
Summer _____
Total _____

Books _____
Exams _____
Uniforms _____
Supplies _____

Financial Aid

Grants and Scholarships expected

Fall _____
Summer _____

Spring _____

Loans for next year

Fall _____
Summer _____

Total Student Loan Debt _____

Spring _____

Are your parents financially able to help pay for your education? _____

Does your spouse contribute financially to pay for your education? _____

Do you have employment to help pay for your education? _____

To the best of my ability, I certify that the above information is true, and I submit it in applying for the TCMS and TCMSA Foundation Allied Health Scholarship.

Signed: _____ Date: _____

Nursing or Allied Health Counselor Signature Required

Printed Name _____ Title _____

Signature _____ Date _____

School _____

Only complete applications will be considered. Applications and all required documents must be returned to:

Tarrant County Medical Society
555 Hemphill, Fort Worth, Texas 76104

Deadline March 27, 2020

Interviews will be held on April 28, 2020 from 9 am - 3:30 pm