

COLLEGE SCHOLARSHIP APPLICATION

In recognition of the generous support given to the Jess Parrish Medical Foundation (JPMF) and the Parrish Medical Center (PMC) Auxiliary by members of the community, we have developed the following opportunity to assist college students in our area with their educational expenses. Any student in need of financial assistance with an unweighted grade point average of 3.0 or greater, based on a 4.0 scale, and who is seeking a career in a medical or healthcare field related to human health will be considered.

APPLICATION DEADLINE Postmarked by: MARCH 6, 2020

APPLICATION CAN BE SUBMITTED	
<p><u>By Mail</u></p> <p>Jess Parrish Medical Foundation P.O. Box 2969 Titusville, FL 32781</p>	<p><u>Hand Delivery</u></p> <p>Jess Parrish Medical Foundation Parrish Health Village 921 N. Washington Avenue Titusville, FL 32796</p>

Scholarships will be awarded to continuing college students who:

- Reside in the Parrish Medical Center service area (SR 528 north to the Brevard/Volusia county line).
- Planning a career in a medical or healthcare field related to human health.
- Maintain at least a 3.0 grade point average.
- Attending a regionally accredited two-or four-year college/university. Graduate students not eligible.

Strong consideration is given to applicants intending to return to North Brevard County to pursue their careers upon graduation. Awards are to be applied to tuition, books, supplies or other expenses related to the student's educational pursuit at a regionally accredited two-or four-year college/university. Incomplete applications will not be considered.

Applicants **must** submit the following:

- Return completed application form with response answers typed. **Make sure to answer items #1-5 under Accomplishments/Experience exactly as listed and in the order listed. Referencing an attached resume will not be accepted. Incomplete or unsigned applications will not be accepted.**
- Essay (250 – 500 words typed) describing career goals, including where applicant intends to pursue his/her career and why the applicant has chosen healthcare as a career.
- **Official** transcript through the previous fall semester. Copies will not be accepted.
- If a transferring student, submit acceptance letter from new regionally accredited two-or four-year college/university.
- Two recent letters of recommendation. Letters should be from persons who can attest to the applicant's academic, volunteer or work experience and **must be written in the last six months. Peer letters of recommendation will not be accepted.**

***If an applicant fails to submit all above documents, the application will be considered incomplete and the applicant will be disqualified.**

COMMON MISTAKES MADE ON SCHOLARSHIP APPLICATIONS

Please **DO NOT** make the following mistakes:

- Do not submit an incomplete application. This means not completing all sections on the application form, not signing the application, or not attaching all required documents.
- Do not apply when you do not meet the minimum requirements. For example, please do not apply if you do not have a 3.0 GPA or higher.
- Do not submit a late application.
- Do not submit an application with spelling errors.
- Do not submit a handwritten application. All applications responses should be typed.

APPLICATION SUBMISSION CHECKLIST

Please confirm the following application materials are included in your submission:

- Application**
 - All responses complete.
 - Application is signed and dated.
 - Attached document with typed responses to Accomplishments/Experiences section.
- Essay**
 - Include typed essay (250-500 words).
- College/University Acceptance Letter**
 - Acceptance letter is required only if you are a student transferring to a new school.
- Official Transcript**
 - Transcript through previous fall semester.
 - Transcript copies will not be accepted.
- Two (2) Recommendation Letters**
 - Letters must be written in the last six months.

If an applicant fails to submit all above documents, the application will be considered incomplete and the applicant will be disqualified.

**If you have any questions, please contact the
Jess Parrish Medical Foundation at (321) 269-4066 or Foundation@parrishmed.com.**

CONTACT INFORMATION (Print Clearly)

Name: _____ Telephone: _____

Mailing Address: _____

Email: _____

HIGH SCHOOL

Name of High School: _____ Graduation Date: _____

COLLEGE

Name of College: _____ Projected Graduation Date: _____

Field of Study: _____ Cumulative Unweighted GPA: _____

Year(s) Previously Awarded Scholarships from:

- Jess Parrish Medical Foundation OR PMC Auxiliary: _____

ACCOMPLISHMENTS / EXPERIENCE (Type Responses and Attach to Application)

Please type responses for the Accomplishments/Experience section on a separate sheet of paper and attached to your application. Make sure to answer items #1-5 exactly as listed and in the order listed. Referencing an attached resume will not be accepted. If an item does not apply to you, write "N/A" for that item and keep in the order listed.

- 1. Honors and Awards received while in college**
- 2. Extracurricular Activities while in college**
- 3. Leadership Activities while in college**
- 4. Community/Volunteer Activities while in college** – Describe your volunteer duties with each organization, club, etc. and an estimate of how many hours you have volunteered for each.
- 5. Parrish Medical Center Auxiliary Experience (if applicable)** – Describe your volunteer experience as a student volunteer at Parrish Medical Center. Leave blank if not applicable.
- 6. Work Experience** – Please describe past and present employment. If currently working, list company and how many hours you work per week.
- 7. Affiliation with Parrish Medical Center/Jess Parrish Medical Foundation** – Describe any personal or family affiliation you have with PMC/JPMF. This includes volunteers, board members and employees. Please list name of family member, how long they worked/volunteered at PMC/JPMF, if they are currently still employed by PMC/JPMF and what their role was/is with PMC/JPMF. Please DO NOT include medical treatment received at PMC.

I hereby allow Jess Parrish Medical Foundation/PMC Auxiliary to review my application, transcripts on file, and other pertinent information. I hereby attest that all of the submitted information is true, and that I agree to the terms of this scholarship.

Student Signature: _____ Date: _____