

## HIGH SCHOOL SCHOLARSHIP APPLICATION

In recognition of the generous support given to the Jess Parrish Medical Foundation (JPMF) by members of the community, we have developed the following opportunity to assist graduating high school 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 8, 2024**

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

Scholarships will be awarded to graduating high school seniors who reside in the Parrish Medical Center service area (**SR 528 north within the boundaries of Brevard county**) and who are planning a career in a medical or healthcare field related to human health. Those awarded JPMF/Auxiliary scholarships in previous years may reapply each year if they are continuing in the human health/medical field and maintain at least a 3.0 grade point average.

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 student is choosing the healthcare field. Essays will be reviewed and scored for creativity, spelling, and clarity.
- Acceptance letter to a regionally accredited college/university.
- **Official** transcript through the previous fall semester. Copies will not be accepted.
- 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 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**
- 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 and includes date.

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](mailto:Foundation@parrishmed.com).**

## 2024 HIGH SCHOOL SCHOLARSHIP APPLICATION

### CONTACT INFORMATION (Print Clearly)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

### HIGH SCHOOL (Print Clearly)

Name of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College You Plan to Attend: \_\_\_\_\_ Projected Major: \_\_\_\_\_

Cumulative Unweighted GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ Students

Test Scores: SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

### 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**
- 2. Extracurricular Activities**
- 3. Leadership Activities**
- 4. Community/Volunteer Activities** – Describe your volunteer duties with each organization, club, etc. and an estimate of how many hours you have volunteered for each.
- 5. Work Experience** – Describe past and present employment. If currently working, list company and how many hours you work per week.
- 6. 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 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: \_\_\_\_\_