



Scholarship Application

Qualifications

1. 4 scholarships of \$1,000 each
2. based on financial need and academic performance
3. graduating senior or resident of Lamar County
4. student must be going into a health care career

(Please type or print)

Name: _____ Phone: _____ Birthdate: _____

Home Address: _____ SSN#: _____

Father (Guardians)

Name: _____ Occupation/Employer: _____

Address: _____

Mother (Guardians)

Name: _____ Occupation/Employer: _____

Address: _____

Student's employment and/or work experience: _____

Number of children in family: _____ Ages: _____

Number of children in college: _____ (for Fall 2001)

Parents or Guardians combined gross annual income (check one)

- | | |
|---|--|
| <input type="checkbox"/> below \$10,000 | <input type="checkbox"/> 30,001-50,000 |
| <input type="checkbox"/> 10,000-20,000 | <input type="checkbox"/> 50,001-75,000 |
| <input type="checkbox"/> 20,001-30,000 | <input type="checkbox"/> over 75,000 |

Name and amount of other scholarships, grants or loans you anticipate receiving: _____

High school attended: _____ GPA: _____

Class ranking /number in class: _____

Name of school currently attending: _____

Jr. college/college GPA: _____ SAT: Math _____ Verbal _____ ACT: _____

National Honor Society Member? _____ Texas Scholar? _____

> List top five high school or college activities:

1. _____

2. _____

3. _____

4. _____

5. _____

> List any other achievements in or out of high school: _____

> List top five activities outside of school:

1. _____

2. _____

3. _____

4. _____

5. _____

> Anticipated major: _____

> What are your career goals? _____

> Do you plan to seek employment while attending college? _____

> Have you ever been convicted of a felony? Yes ____ No ____

> Provide any other information you feel is relevant to this application: _____

The Lamar-Delta County Medical Society awards four \$1,000 scholarships each year based upon both academic achievement and financial need. In order to be eligible to receive this scholarship, a student must be a permanent resident of Lamar County and seek a career in the health care field. Deadline for submission of all applications is May 1, 2003.

I/We have read and understand the requirements for the LDCMS scholarship and have completed the application. I/We certify that all information given on the application is accurate and true.

Student Signature

Parent/Guardian Signature

Parent/Guardian Signature

Applications should be turned in, mailed or faxed to:

Mark R. Campbell, M.D.
575 DeShong
Paris, TX 75460
Phone: 903-785-4499
Fax: 903-785-4717