

Have you applied for financial assistance at the college you plan to attend?

Yes _____ No _____

Have you qualified for the Michigan Merit Scholarship (MEAP Award)?

Yes _____ No _____

Have you applied for other scholarships?

Yes _____ No _____

If you answered yes, please list below:

Source	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Name

Mother's Name

Please outline your educational plans and your career goals below. Do not use a separate sheet.

How will your choice of health care as a profession benefit your community? Do not use a separate sheet.

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant's Signature

Date

**Financial Information Form for Muskegon County Medical Society Alliance Scholarships 2009/2010
(Read instructions carefully)**

It is the applicant's responsibility to complete the top half of this *Financial information Form* and then submit this *Financial Information Form* to the Financial Aid office of your academic institution. Ask them to complete the form and return it to the Muskegon County Medical Society Alliance (address below) by April 15. Allow a minimum of two weeks before the application deadline for the Financial Aid office to provide this information. Our scholarship requires financial information to be considered. All scholarships are awarded on a competitive basis; it is your responsibility to follow up with the college Financial Aid Office to ensure that the Muskegon County Medical Society Alliance receives the information by April 15. Your application will be considered Incomplete until the Muskegon County Medical Society Alliance has received the completed Financial Information Page.

Applicant Information (to be completed by student)

Name _____		
Address _____		Apt. # _____
City _____	State _____	Zip _____
Phone _____	Social Security Number XXX-XX- _____	Date of birth _____
(last 4 digits only)		

Authorization to Release Information:

I authorize (name of college/university) _____ to provide a representative of the Muskegon County Medical Society Alliance with my enrollment status, transcript, or financial information for consideration during the scholarship selection process.

Student Signature (required): _____ Date _____

Parent/Stepparent/Guardian Signature: _____

(required for student with Dependent status)

Applicant Stop Here—Send the entire page to your college Financial Aid Office

INFORMATION BELOW MUST BE COMPLETED BY A COLLEGE FINANCIAL AID OFFICER

To the College Financial Aid Officer: Please complete the information below. Estimated financial aid information for new students and prior year information for returning students is acceptable. Contact Shirley Green at the Muskegon County Medical Society Alliance, 231-759-9000 if you have any questions. Return by April 15 (address provided below)

Dependency Status: Applicant is considered (check only one)

Dependent Parent(s) & Student's Adj. Gross Annual Income: \$ _____ & number in parent's household, including applicant: _____

Independent Student's Adj. Gross Annual Income: \$ _____ & total dependents in household _____

Assessed Need based on 2009-2010 FAFSA Previous year's FAFSA

Anticipated Expenses Total Student Expense Budget based on full time attendance \$ _____

Anticipated Resources

Family Contribution (EFC from SAR) \$ _____

Scholarships and Grants \$ _____

Other Resources (do not include loans) \$ _____

Total Resources \$ _____

Assessed Need (Expenses Less Resources) \$ _____

College Recommendation: Receiving a grant D will adversely affect the applicant's eligibility for other grants/financial aid
 D will not

Signature _____ Title _____

College _____ Date _____

Phone _____ Fax _____

Mailing Information - mail or FAX completed page by April 15 to:

MCMSA Scholarship Committee c/o Ms. Shirley Green, 2574 Morton Ave., Muskegon, MI Fax: 231-759-9000



Muskegon County
Medical Society Alliance
MUSKEGON, MICHIGAN

Muskegon County Medical Society Alliance Scholarship

The MCMSA's scholarships are available to students enrolled in one of the medical science fields such as pre-medicine, nursing, physical therapy, dietetics, bio-medical engineering, medical technology, radiology, medical school, etc.

In order to be eligible for consideration, the applicant must meet the following criteria:

1. Legal residency in Muskegon County
2. A cumulative grade point average of 3.2
3. Second year and current enrollment in medical/health science field.

Each new applicant is responsible for submission of the following:

1. Completed MCMSA application form.
2. Two letters of reference mailed to the committee by the authors.
3. Most recent official school transcript
4. Completed Financial Information Form

Students may request an application if one is not available at their college/university.

Applicants that are requesting a renewal of their scholarship are responsible for the following:

1. Completed MCMSA application form
2. Most recent transcript
3. Completed Financial Information Form

Please mail or fax information to:

Muskegon County Medical Society Alliance
C/O Ms. Shirley Green
2574 Morton Avenue
Muskegon, MI 49441
Fax (231) 759-9000

SCHOLARSHIP DEADLINE: APRIL 15TH (to be considered for the following year)