

Northwest Lancaster County Medical Scholarship

**This application must be completed in entirety and submitted prior to:
March 15th**

Name: _____

Homeroom: _____

The following items are required in addition to the completion the scholarship application for this scholarship application.

- Acceptance letter from postsecondary institution with declared major in medical field (OR letter of intent to pursue a major in the field of medicine)
- Attach Transcript
- Attach FAFSA (EFC Page)

Below This Line For Counseling Office Staff Only

Date Received: _____

Date Processed: _____

Meets Requirements: Yes No

Completed By: _____

**ELIZABETHTOWN AREA SCHOLARSHIP FUND
NORTHWEST LANCASTER COUNTY MEDICAL SCHOLARSHIP**

Candidates for the Northwest County Medical Scholarship of the Elizabethtown Area Scholarship Fund need to meet the following criteria:

1. Current senior or graduate of Elizabethtown Area High School
2. Accepted for post-secondary study at an accredited institution
3. Continuing program of study in a medical related field

Financial need will be of primary concern in the selection of a scholarship recipient. Two scholarship per year, valued at \$1,000 each will be awarded, with the payment of funds going directly to the school the winner will be attending.

NORTHWEST LANCASTER COUNTY MEDICAL SCHOLARSHIP FUND

Name: _____

Parent or Guardian: _____

Address: _____

Telephone #: _____

Year of High School Graduation: _____

School you plan to attend next year: _____

Address: _____

Did you attend another college prior to this: Yes No _____

If yes, what school did you attend? _____

What medical career at you preparing for: _____

Cost of your program next year: _____

Tuition: Room/Board: _____

Total: _____

Have you applied for FAFSA? Yes No _____

Identify award, recognitions or honors you have received (Academic, Extra-curricular or Community) _____

It is understood by the applicant that some or all of the information on this application may need to be verified for the applicant to receive foundation funds. **Please include copy of FAFSA Student Aid Report with scholarship application.**

APPLICATION DUE BY: MARCH 15

Applicant signature

Date

Parent/Guardian

Date