



## Lowcountry Coalition for Health Careers Scholarship

The Lowcountry Coalition has established a scholarship program and is pleased to offer scholarship funds to minority health career students. Five (\$500) scholarships will be awarded. Students who are interested in applying should complete the following application and submit the required information by **March 20, 2009**. Awards will be announced on **April 23, 2009**. Award recipients are asked to update the Coalition of their progress and degree completion on a yearly basis. Scholarships are awarded based on the following criteria:

- Minority designation (based on race and ethnicity)
- Acceptance into a Health Science Program (Upper Division for Nursing)
- GPA > 3.0
- Letters of recommendation (2)
- Brief essay describing career goals/plans

The following “MUST” be included with your application to be considered for a scholarship:

1. Copy of an acceptance letter from a Health Science Program
2. Copy of unofficial transcript
3. Two (2) letters of recommendation
4. Essay describing career goals/plans

Please submit the application and requirements to the following address

**BY March 20, 2009:** An application is also available online at [www.lowcountryrc.org](http://www.lowcountryrc.org).

Lowcountry AHEC  
Att. Kelly Wynn  
Coalition Scholarship  
302 Medical Plaza Drive, Suite 110  
Walterboro, SC 29488



**Lowcountry Coalition Scholarship Application**

**Deadline (Extended) – March 20, 2009**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If no, are you a legal U.S. resident  Yes  No: Status \_\_\_\_\_

Please indicate your gender  Male  Female

Ethnicity:

- American Indian/Alaska Native  Black/African American  Native Hawaiian Pacific Islander  
 Hispanic/Latino  Multi-Racial

**Parent or Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Day Telephone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Post Secondary School Information**

Name of college or university you currently attend. **Use official school names. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major or Course of Study \_\_\_\_\_ Degree \_\_\_\_\_

**Outstanding Achievement**

Describe in detail one outstanding achievement that you accomplished. Your achievement may be an activity or project in school, in your community, or at work.

1. What is your outstanding achievement?

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2. What did you do to accomplish your achievement? What challenges did you face?

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3. What impact did your achievement have on you, your family, your school or your community?

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**Activities, Awards, and Honors**

List all schools activities in which you have participated during the (e.g. student government, music, sport, etc.). Note all special awards, honors, and offices held.

Activity	No. of Years Participation	Special Awards, Honors	Offices Held
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**Work Experience**

Describe your work experience (eg., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employment/Position	From Mo/Yr	To Mo/Yr	Hours per Week
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Signature

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Date

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Please mail forms to: Lowcountry AHEC  
Coalition Scholarship  
302 Medical Plaza Dr, Suite 110  
Walterboro, SC 29488