



Tarrant County Medical Society
 Tarrant County Medical Society
 Alliance Foundation, Inc.



ALLIED HEALTH SCHOLARSHIP APPLICATION

Scholarships are awarded to students in undergraduate allied health or nursing fields based on financial need and academic achievement. Graduate programs are not eligible. Scholarship money will be paid directly to your school.

Full Name _____ Date of Birth _____

Mailing Address _____

Permanent Residing Address _____

Phone Number _____ Email Address _____

Last 4 of SSN# _____ Marital Status () Single () Married () Divorced () Widow

Number of Dependent Children _____ Ages _____

Spouse's Name _____ Spouse's Occupation _____

Family Background

Parents' Names _____

Address _____

Father's Occupation _____ Mother's Occupation _____

Educational Background

High School Graduate () yes () no College Graduate () yes () no

Current School _____ Program of Study _____

Total hours attempted _____ Total hours completed _____

Current hours enrolled _____ Current GPA _____

Hours to be taken next fall _____ next spring _____

Estimated Date of graduation from current school _____

Previous School(s), transcripts must be provided

_____ Total hours _____ GPA _____

_____ Total hours _____ GPA _____

References, please list two. One **must** be from an Allied Health professor or teacher.

1. Name _____ Title _____

Phone _____ Email _____

2. Name _____ Title _____

Phone _____ Email _____



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Financial Information

Anticipated Tuition and Fees for next year

Fall _____	Books _____
Spring _____	Exams _____
Summer _____	Uniforms _____
Total _____	Supplies _____

Financial Aid

Grants and Scholarships expected

Fall _____	Spring _____	Summer _____
Loans for next year		Total Student Loan Debt _____
Fall _____	Spring _____	Summer _____

Are your parents financially able to help pay for your education? _____
 Does your spouse contribute financially to pay for your education? _____
 Do you have employment to help pay for your education? _____

To the best of my ability, I certify that the above information is true, and I submit it in applying for the TCMS and TCMSA Foundation Allied Health Scholarship.

Signed: _____ Date: _____

Nursing or Allied Health Counselor Signature Required

Printed Name _____ Title _____

Signature _____ Date _____

School _____

Only complete applications will be considered. Applications and all required documents must be emailed to Melody Briggs at mbriggs@tcms.org.

Deadline March 31, 2023. Interviews will be held on April 25, 2023.



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ALLIED HEALTH SCHOLARSHIP ELIGIBILITY AND REQUIREMENTS

Eligibility

- Applicants must attend a Tarrant, Parker, or Johnson County school or pursue an Allied Health program that is not offered in Tarrant, Parker, or Johnson County i.e., pharmacy.
- Applicants must have completed one semester of college work and must have completed one semester in nursing or their current allied health program.
- Students must be enrolled or registered for courses in nursing and allied health fields.
- Must show financial need.
- Graduate students are NOT eligible.

Requirements

- Applicants must submit an official transcript from each university attended for more than one semester. Your current transcript is mandatory.
- Two letters of recommendation from sources personally familiar with the applicant. One letter must be from a professor or instructor in the student's current allied health program.
- Personal statement explaining why applicant should be a recipient of this scholarship. This should include academic accomplishments, career goals, extracurricular activities, relevant personal details, reference to financial need, and itemization of current financial support.
- Evidence of financial need including itemization of current financial support and an estimation of tuition, books, and fees.

Allied Health Professions

Clinical Dietetics	Echocardiography	Emergency Technician Medical
Laboratory Technology	Medical Optometry	Medical Sign Language Medical
Technology Clinical Lab Sciences	Mental Health	Health Info. Technology
Nursing	Occupational Technology	Pharmacy
Pharmacy Technician	Prosthetics	Radiological Technology
Rehabilitation Services	Respiratory Care	Surgical Technology

To be considered, please email your application and ALL required information in one PDF file to Melody Briggs at mbriggs@tcms.org by March 31, 2023. Incomplete scholarship applications will not be considered.