

**Fort Bend Medical Society
2019 Scholarship
Requirements**

The information provided is to be used by the Fort Bend Medical Society Scholarship Committee for the sole purpose of evaluating candidates for scholarships.

- The scholarship is intended for those students graduating high school, with immediate plans to matriculate in a college/university and who plan for a future career as a **Doctor of Medicine Degree or a Doctor of Osteopathic Degree**. (*Degrees in Nursing, Pharmaceutical, and Physical Therapy do not qualify*).
- **Candidate requirements:**
 - Must be a United States citizen
 - Must be a resident of Fort Bend County
 - Must be a high school senior graduating in May 2019
 - Graduating from a high school in one of the ISD's located in Fort Bend County
 - Have been accepted for Fall 2019 attendance at an accredited college/university in **Texas**.
 - Graduating with a final **GPA of at least 3.0**
- The top ten (10) applicants will be chosen based on a review of high school GPA, school ranking, SAT/ACT scores, and essay. These students will interview with the scholarship committee.
- The scholarship award is a fixed amount. **\$1,000** will be awarded to the **top five (5)** applicants after the completion of the interview process. Scholarship money will be applied to normal tuition and fees and will be deposited by FBMS into his/her student account at his/her respective college.
- The duration of the scholarship is for the scholastic year 2019–2020 and will be applied towards the first quarter or semester of schooling. The student must be registered as a full time student (12 hours min/semester) for the year of the award.
- **Application requirements:**
 1. The application must be filled out completely and accurately.
 2. Provide proof of citizenship: A copy of passport or birth certificate.
 3. Provide a copy of the acceptance letter from the accredited college or university in **Texas**.
 4. Include “official” copy of applicant’s transcript and SAT/ACT scores
(*Must be provided by school counselor in sealed envelope*).
 5. Submit an essay, 1,000 words maximum on the following topic:

“The journey to becoming a physician is unique and challenging, explain how your life experiences have led you to pursue a career in medicine. Include any challenges, inspirational events or people that you feel have equipped you to succeed on this path.”

******All above requirements MUST be completed at the time of the application deadline to be considered******

- ***DEADLINE FOR SUBMISSION IS APRIL 1, 2019***. Submit all applications to High School counselor. Do not mail them directly to FBMS via mail or email. Applications will be picked up from counselors once collected and complete.
- The top ten (10) candidates will be interviewed on **Sunday, April 28, 2019** at the *Fort Bend Chamber of Commerce office, 445 Commerce Green Blvd., Sugar Land, TX 77478*. Times for individual interviews will be announced. (**There will be no make-up days. The interview process is a requirement for scholarship consideration**).
- The candidates shall be notified of the Scholarship Committee’s decision by **May 6, 2019**.

The Scholarship Committee shall hold all information provided herein confidential.

The candidate specifically authorizes the Fort Bend Medical Society Scholarship Committee to substantiate any data provided herein.

Fort Bend Medical Society
A Non-Profit Organization
2019 Scholarship Application
Deadline – April 1, 2019

The Fort Bend Medical Society (FBMS) scholarship program is based upon the requirements listed previously. All decisions are final. Scholarship payments will be made through the Student Financial Aid Department of the college/university of choice. **The scholarship will be for the 2019 -2020 school year only.**

A. Applicant:

Name _____
Last First MI Preferred Name Sex

Mailing Address _____

Home Phone _____ E-Mail _____

Cell Phone _____ Date of Birth _____ College ID _____

B. Family:

Guardian/Parent(s) _____

Address _____ Phone _____

Siblings: Name _____ Age _____ In college? _____

C. College Plan: College _____ Degree Objective _____

D. What scholarships, grants, and/or loans and in what amounts have you received to date? (List if for one year or reoccurring)

E. Employment Background: (Company, type work, dates)

F. What activities, leadership roles, volunteering have you done in High School? (Number of years involved)

Note: if more space is needed to answer the question(s), you may attach additional pages. Essay must also be submitted and attached to this application.

The interviews will be conducted on Sunday, April 28, 2019 at the Fort Bend Chamber of Commerce office, 445 Commerce Green Blvd., Sugar Land 77478. Individual interview times will be announced at later date.

The undersigned attest to the accuracy of the information provided. In addition, your signature indicates that you have read the scholarship requirements on the reverse side and authorizes Fort Bend Medical Society Scholarship Committee to substantiate any of the data provided herein. False statements shall be cause for immediate cancellation of the scholarship.

Applicant (Signature) _____ Date _____

School ISD: _____ High School _____