



## SCHOLARSHIP APPLICATION GUIDELINES

In recognition of the generous support given to the Jess Parrish Medical Foundation (JPMF) by members of the community, we have developed this scholarship opportunity to assist graduating high school students in our area with their educational expenses. Any student in need of financial assistance with an unweighted grade point average of 3.0 or greater, based on a 4.0 scale, and who is seeking a career in the medical field will be considered.

Scholarships will be awarded to graduating high school seniors who reside in the Parrish Medical Center service area (SR 528 north to the Brevard/Volusia county line) and who are planning a career in the medical field. Those awarded JPMF scholarships in previous years may reapply each year if they are continuing in the medical field and maintain at least a 3.0 grade point average.

Strong consideration is given to applicants intending to return to North Brevard County to pursue their careers upon graduation. Awards are to be applied to tuition at a two or four-year college/university, books, supplies, or other expenses related to the student's educational pursuit. Incomplete applications will not be considered. Please use the application form to report all information or use the form's format and type responses on an additional attached page.

Applicants must submit the following:

- Completed application form. Make sure to answer each item.
- Essay (500 words or less) describing career goals, including where applicant intends to pursue his/her career and how scholarship will assist in obtaining his/her goals
- Acceptance letter to an accredited college/university
- Official transcript through the previous fall semester
- Two recent letters of recommendation. Letters should be from persons who can attest to the applicant's academic, volunteer, or work experience and must be written in the last six months.

### APPLICATION DEADLINE

Applications are accepted annually in March. Please contact the JPMF office for the specific application deadline date. Applications must be postmarked by that deadline date.

### APPLICATION SHOULD BE MAILED TO:

**Jess Parrish Medical Foundation  
Attn: Scholarship Committee  
P.O. Box 2969  
Titusville, FL 32781**

**If you have any questions, please contact the  
Jess Parrish Medical Foundation at (321) 269-4066**



## SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### HIGH SCHOOL STUDENTS:

Name of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College you Plan to Attend: \_\_\_\_\_ Projected Major: \_\_\_\_\_

Cumulative Unweighted GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ Students

Test Scores: SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

### CONTINUING COLLEGE STUDENTS:

Name of College: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Year(s) Scholarship Previously Awarded to Applicant: \_\_\_\_\_

### FINANCIAL NEED:

In the space provided below, please indicate your family's adjusted gross income from last year's tax return:

\_\_\_\_\_ \$30,000 or Under                      \_\_\_\_\_ \$30,001 - \$50,000                      \_\_\_\_\_ \$50,001 - \$75,000  
\_\_\_\_\_ \$75,001 - \$100,000                      \_\_\_\_\_ \$100,001 or Over

Total number of family members (adults and dependents) as reported on last year's tax return: \_\_\_\_\_

Are any of these family members currently enrolled in college? \_\_\_\_\_

If so, how many (including scholarship applicant)? \_\_\_\_\_

I understand that should the situation occur that I do not attend the above stated program by the coming fall semester, this scholarship may be awarded to another student.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HONORS AND AWARDS:**

**EXTRACURRICULAR ACTIVITIES:**

**LEADERSHIP ACTIVITIES:**

**COMMUNITY/VOLUNTEER ACTIVITIES:**

**WORK EXPERIENCE:**

Please describe past and present employment. If currently employed, how many hours per week?

**AFFILIATION WITH PARRISH MEDICAL CENTER:**

Please describe any personal or family affiliation you have with Parrish Medical Center.

**OTHER FINANCIAL CONSIDERATIONS APPLICANT WOULD LIKE TO NOTE:**

**Questions?**

**Please contact the Jess Parrish Medical Foundation at (321) 269-4066.**