

## Apollo Scholarship Selection Committee

Community Foundation for the Alleghenies  
116 Market Street, Suite 4  
Johnstown, PA 15901

INSTRUCTIONS TO APPLICANTS: This application is to be prepared and submitted to the Apollo Scholarship Selection Committee, 116 Market Street, Suite 4, Johnstown, PA 15901. Please type or print your answers to all questions. Deadline is July 1, 2009. The Committee reserves the right to require an interview. The Committee reserves the right to require repayment of any or all grant money for awardees who elect not to return to Cambria-Somerset County to practice medicine. Awardees are required to review and sign a Repayment Obligation Form. An exception may be made if a position in an applicant's specialty is unavailable.

PLEASE COMPLETE ALL FIELDS & TYPE OR PRINT LEGIBLY

### I PERSONAL DATA

Full name

\_\_\_\_\_  
Last First Middle

Legal address

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

School mailing address

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

Email address

Social Security No.

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Male

Female

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Are you a resident of:

(check one)

Cambria County

Somerset County

County resident from:

\_\_\_\_\_

to Present

Marital status:

Single

Separated

Married

Divorced

Widowed

Number of children or dependents \_\_\_\_\_

Ages: \_\_\_\_\_

I hereby apply for an Apollo Scholarship to be applied toward the payment of tuition and living expenses while attending:

Name of School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Name and address of medical or osteopathic school in the United States - students from Caribbean, off-shore or foreign medical schools are not eligible)*

I will be enrolled as a: 3<sup>rd</sup> year  4<sup>th</sup> year  full-time student

*(Available only to 3<sup>rd</sup> and 4<sup>th</sup> year full-time students)*

II EDUCATIONAL DATA

High School

Name \_\_\_\_\_ Address \_\_\_\_\_ Dates attended-month & year \_\_\_\_\_

College

Name \_\_\_\_\_ Address \_\_\_\_\_ Dates attended-month & year \_\_\_\_\_

Course \_\_\_\_\_ Graduated Yes  No  Degree: \_\_\_\_\_

If education has been interrupted because of illness, military service, employment, etc. explain giving dates and circumstances.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III STUDENT APPLICANT FINANCIAL DATA

Estimated Expenses for School

Tuition \$ \_\_\_\_\_  
 Fees \$ \_\_\_\_\_  
 Books & Supplies \$ \_\_\_\_\_  
 Room & Board \$ \_\_\_\_\_  
 Travel \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Estimated Resources Available

Savings \$ \_\_\_\_\_  
 Earnings \$ \_\_\_\_\_  
 Family \$ \_\_\_\_\_  
 Spouse \$ \_\_\_\_\_  
 Scholarships \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Where do you plan to live while at school: At home  Dormitory  Room  Apt.  Other

Do you own: Car  Real Estate  Stocks  Bonds  Other Assets

Provide description and value \_\_\_\_\_

Major source of support to date: Parents  Guardian  Spouse  Self  Other

Provide name and address \_\_\_\_\_

Will you continue to receive financial aid from this source: Yes  No

If no, please explain \_\_\_\_\_

Have you applied elsewhere for financial aid for the school year covered in this application?

Yes  No  If yes, provide details below.

Source	Amount	Type: Loan/Grant	Amount Approved
Pennsylvania Higher Education Assistance Agency (PHEAA)	\$ _____	_____	\$ _____
Health Professions Education Assistance Act	\$ _____	_____	\$ _____
Medical School	\$ _____	_____	\$ _____
Other	\$ _____	_____	\$ _____

Provide name and address of PHEAA lending institution

\_\_\_\_\_  
\_\_\_\_\_

Have you had to borrow money in your own name to finance any part of your education to date?

Yes  No

If yes, give details below.

Source of Loan	Amount Borrowed	Date Payment Begins	Amount Repaid to Date
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

#### IV PERSONAL REFERENCES

List family physician and other physicians known to you or your family in the county of legal residence:

1. \_\_\_\_\_  
Name Address
2. \_\_\_\_\_  
Name Address
3. \_\_\_\_\_  
Name Address

#### V ADDITIONAL DATA CONCERNING APPLICANT'S FINANCES

Give full information, including gross salary and taxable income. If parents are deceased or if you are claiming financial independence, provide dates as well as last known place of employment and salary for parents. If spouse and mother have separate incomes, provide information for mother on separate sheet.

Father or Guardian (circle one)

Spouse or Mother (circle one)

Name \_\_\_\_\_  
 Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Position Held \_\_\_\_\_  
 Gross Salary \$ \_\_\_\_\_  
 Total Yearly Taxable Income \$ \_\_\_\_\_

Name \_\_\_\_\_  
 Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Position Held \_\_\_\_\_  
 Gross Salary \$ \_\_\_\_\_  
 Total Yearly Taxable Income \$ \_\_\_\_\_

Value of real estate owned by applicant \$ \_\_\_\_\_  
 Total indebtedness including mortgage \$ \_\_\_\_\_  
 Number other than applicant in college or graduate school \_\_\_\_\_  
 Amount of scholastic aid awarded to these students \$ \_\_\_\_\_

Total of other assets \$ \_\_\_\_\_  
 Total number of dependents \_\_\_\_\_

Do parents have any educational loans presently outstanding on your behalf? Yes  No

If yes, provide details below:

Source of Loan	Amount Borrowed	Date Payment Begins	Amount Repaid to Date
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**VI COMMUNITY INVOLVEMENT/SERVICE**

Please list any community activities in which you participate. You are welcome but not required to provide comments on a separate page.

**VII ESSAY QUESTION**

Explain to the selection committee in a one-page, typed letter (essay) why they should select you for a merit or needs-based scholarship grant. Describe your vision, goals, areas of interest and plans for a career in medicine. You may include how your vision has changed if you prepared a letter previously.

**VIII STUDENT’S CERTIFICATION AND AUTHORIZATION**

I hereby certify that the information given on this application is, to the best of my knowledge and belief, complete and correct. I hereby grant the Apollo Scholarship Committee the authority to verify any of the information and authorize the school that I am attending, and any lender listed on this application, to release to the Committee my grades and course records and all other data required by the Committee to meet their requirements and guidelines.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

*Please return this form promptly to the address on the first page*

**DO NOT WRITE IN THIS BOX - FOR COMMITTEE USE ONLY**

Date Received		Estimated Need	\$
Date Approved		Amount Approved	\$
Date Rejected		Fund	