



## Doctors' Goodwill Foundation Scholarship Application

### Doctors' Goodwill Foundation Scholarship Application

The Doctor's Goodwill Foundation has developed the following opportunity to assist students, desiring to enter the medical field with learning costs. Any student enrolled in an Allied Health Program in need of financial assistance will be considered as long as they meet the criteria. Awards will be applied to tuition and books for the academic year. Applications can also be submitted online at [www.doctorsfoundation.org](http://www.doctorsfoundation.org) but may require follow-up documentation.

Applicants must meet the following criteria:

- Must be a resident of Brevard County (can be attending an out of County or State College, however primary home must be in Brevard)
- May be asked to personally interview with the DGF committee.
- Scholarship funds may be funded in one of two ways:
  1. Recipients can submit receipts totaling scholarship award prior to receiving payment.
  2. Funds will be via check made out to school.

Applicants must submit the following information:

- Complete application.
- Two (2) letters of recommendation. Letters should be from persons who can attest to the applicant's academic, community and/or work experience.

Deadline: Applications are reviewed biannually; May 15 and November 15. Failure to submit completed application by deadline will automatically be denied and requested for following application period.

#### **Allied Health College Students:**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Student Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
Name of College: \_\_\_\_\_  
Field of Study: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

#### **Family Information:**

Annual Family Income [Optional] \$ \_\_\_\_\_

Total number of other dependents living at home: \_\_\_\_\_ Number in college: \_\_\_\_\_

Please answer the following questions. Use additional paper if needed.

**Have you applied for or been awarded other financial assistance or scholarships?** Please explain.

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**Please indicate any other financial considerations:** \_\_\_\_\_

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**Please tell us why you feel you are a good candidate for a DGF Scholarship** (50 words or less)

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**How do you plan to use the funds if you are awarded a scholarship?** (50 words or less)

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**School and Community Activities** (Include any participation in the Doctor's Goodwill Foundation)

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**Work Activities** (Are you currently employed? Please describe your job and indicate the number of hours you work per week.)

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**Special Conditions** (Please list any circumstances which may be considered, such as being a medical survivor, have a disability, changing careers, etc.)

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**Goals** (Please state, in 100 words or less, your career goals and how this scholarship will assist you in obtaining your goals.)

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**Honors and Awards Received**

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**Name of any Doctors' Goodwill Foundation member(s) known to applicant.**

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**Would you be willing to volunteer with the DGF and/or attend the annual Doctors' Expo held in the Spring.** [ ] Yes [ ] No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Application should be mailed to:     Doctors' Goodwill Foundation  
  Attn: Sue Tindall, Administrative Assistant  
  P. O. Box 909  
  Titusville, FL 32781**

If you have any questions, please call Dr. Bhalani at 321-298-5531 or Sue Tindall at 321-735-6492

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Date of Review:	Comments

Approved: [ ] Yes [ ] No

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Signature of Education/DGF Chairman