



Pee Dee Medical Professionals Association, Inc.
2025 The Charlotte L. Francis, MD Legacy
Scholar
College Scholarship Application

*The Charlotte L. Francis, MD Legacy Scholarship is designed to encourage African American **College Juniors or Seniors** pursuing and/or entering Medical School with a connection to the Pee Dee region.*

Ideal candidates demonstrate superior academic excellence, community involvement, strong leadership skills and the ability to be a pioneer in their field of study.

Dr. Charlotte Francis was undoubtedly known for her love and compassion to all. Long before Dr. Francis held the position of physician, she spent 10 years caring for patients up close and personal as a Registered Nurse in Augusta, GA.

Dr. Francis is hailed for being the first African American female physician in Florence, South Carolina, an accomplishment well deserved.

Dr. Francis spent 29 years with McLeod Regional Medical Center from internship, to residency and eventually, physician staff.

Dr. Francis is remembered as the physician who took care of and treated her patients as a whole, stemming beyond their diagnosed conditions and illnesses.

In 2011, Dr. Francis became a founding and lay member of the Pee Dee Medical Professionals Association, Inc. (PDMPA) in Florence, South Carolina. She always encouraged the younger generations working behind the scenes to keep up the good work and not let their passions for their community die.

Dr. Francis' presence and words of wisdom will be sorely missed by PDMPA. We celebrate the life and legacy of Dr. Francis with a scholarship to help light the way for

college student pioneers with an interest in Medicine and plans to attend Medical School.

GENERAL INFORMATION – The Charlotte L. Francis, MD Legacy Scholar

Last Name _____ First Name _____

MI ____

Address _____

City _____ County _____

State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email Address _____

Name of School Where Currently Enrolled _____

City/State _____ Current Status: ___ Junior ___ Senior

Major _____ Minor _____

Cumulative Academic GPA _____ Class Ranking _____ Class Size _____

MCAT score(s) _____ MCAT score(s) _____ MCAT score(s) _____

(Be sure to include the results of every MCAT attempt)

Please answer the following 3 questions (Minimum of 300 words). Be sure to use complete sentences to express future plans. Grammatical errors will be taken into consideration.

1. What are your academic goals? Please elaborate on how you plan to achieve such goals.
2. Discuss a personal achievement since your time in college that makes you proud? Please explain what it took for you to achieve your goal.
3. What do you think is the most pressing issue in healthcare today? How would you use your future medical practice to address such issues.
4. What current initiatives have you spearheaded or are involved in as it relates to healthcare improvement in your community? Please be specific.

Letter of Recommendation aka Appraisal Report

Using the appropriate naming convention (below) in the subject section, educators and community members must send recommendations directly to pdmpascholarship@gmail.com.

OFFICIAL TRANSCRIPT

Request an official transcript from your registrar or guidance office. An official school representative must send a certified copy of your transcript to pdmpascholarship@gmail.com.

FINANCIAL NEED

- Does your family receive SNAP (Supplemental Nutrition Assistance Program) benefits?
 Yes No
- Over the past 5 years, have you ever received free or reduced lunch benefits? Yes
 No
- How many people live in your household, including yourself? _____
- Are you a first-generation college student? Yes No
- Do we have permission to contact your school to confirm financial need? Yes No

SPECIAL CIRCUMSTANCES

Please indicate any special circumstances the Scholarship Committee should be aware of:

SUBMISSION & Labeling

- Email completed application, grades, scores and appraisal forms to pdmpascholarship@gmail.com.
- Naming convention: In the subject section write the following for any materials sending:
2025 PDMPA Scholarship – **LAST NAME, FIRST NAME – Item Name**
Ex: 2025 PDMPA Scholarship – Smith, Samantha – MCAT scores

AGREEMENT AND CONSENT

I certify that the information I have supplied is complete and accurate. Information is subject to verification. In the event that any portion of the information submitted as part of this application changes following my submission, I will provide PDMPA written notification of the change as soon as possible. Notification can be submitted via email to PDMPAScholarship@gmail.com. I also understand and agree that upon submission, my application, which includes any and all supporting documents I provide, becomes the property of PDMPA and I give PDMPA permission to use my application for purposes related to determining my eligibility for the scholarship I am applying for.

I understand the funds from this scholarship must solely be used for academic purposes related to a career in medicine and deemed appropriate by PDMPA (i.e., summer programs, medical books, study guides, tuition, room & board).

Signature of Applicant _____ Date _____

STUDENT RELEASE (USE OF PHOTOGRAY, LIKENESS AND VIDEO)

As a parent or guardian of the student named below (the “student”), I hereby grant PDMPA the right to use, publish, duplicate, copyright and transmit the student’s image in any and all media now known or hereafter developed, through the world, in perpetuity. Further, I hereby irrevocably permit, authorize, and license PDMPA to identify the student by name and use his/her name, likeness, appearance, voice, biographical information and all materials created by or on behalf of PDMPA in perpetuity and in any medium or format whatsoever now existing or hereafter created.

Neither I nor the student shall have a right of approval, a claim to additional compensation, a right to enjoin PDMPA rights hereunder or otherwise seek injunctive relief or a claim (including defamation or invasion of privacy) for any use, alteration or distortion.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if Applicant is under 18 years)

DEADLINE: MARCH 15, 2025

