



Pee Dee Medical Professionals Association, Inc.

2025 Health Scholar

High School Scholarship Application

*Open to **High School Juniors and Seniors**, a merit-based scholarship designed to encourage and increase African American students in the Pee Dee region in healthcare professions. Ideal candidates demonstrate academic excellence and community involvement.*

Special consideration is given to applicants demonstrating financial need.

\$250 (Juniors) | \$500 (Seniors) - Multiple Awards

GENERAL INFORMATION

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

Cumulative Academic GPA _____ Class Ranking _____ Class Size _____

SAT score(s) _____ PSAT score(s) _____ ACT score(s) _____

ACADEMIC GOALS

If I am a recipient of the PDMPA “Health Scholar” scholarship I will use it to: Please use a minimum of 250 words to explain future aspirations. Be sure to use complete sentences to express future plans. Grammatical errors will be taken into consideration.

attend a community college attend a summer academic enrichment program
 attend a 4-year college/university other _____

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 is your motivation for pursuing a career in medicine?
2. If your best friend or sibling had to describe you, how would they use 3 adjectives. How can those characteristics help you in the field of medicine?
3. Medicine is an ever changing field. What impact do you hope to make on medicine? Please elaborate how you would do so.

Letters of Recommendation aka Appraisal Letter

Please have your letters of recommendation sent to the email provided. You may also collect letters of recommendation and send with completed application. **Be sure to have the sender to place your name and year in school in the subject line.** The letters of recommendation can be completed by educators and community members must send recommendations directly to pdmpascholarship@gmail.com.

If not labeled correctly before deadline, your application will not be considered for the scholarship.

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 immediate family receive SNAP (Supplemental Nutrition Assistance Program) benefit? 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 of APPLICATION

- Email **COMPLETED** application, grades, scores and appraisal (letter of recommendation) forms to pdmpascholarship@gmail.com.
 - BE SURE TO REVIEW CHECKLIST AND HAVE ALL COMPONENTS OF APPLICATION
- In the subject section please write the following for any materials sending:
 - 2025 PDMPA Scholarship – **LAST NAME, FIRST NAME – Item Name**Ex: 2025 PDMPA Scholarship – Smith, Samantha – Transcript
 - Applications will not be considered if all parts of the application are not completed

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 healthcare and deemed appropriate by PDMPA (i.e., summer programs, books, tuition, room & board).

Signature of Applicant _____

Date _____

Signature of Parent/Guardian _____

Date _____ (if Applicant under 18 years)

STUDENT RELEASE (USE OF PHOTOGRAPHY, 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**