Tallahassee Memorial Healthcare Scholarship Applicant Information Form

The TMH Foundation scholarship is awarded to students who have been accepted into any TSC healthcare program, are currently enrolled as a new or continuing student and are in good academic standing.

To be considered for this scholarship you must successfully submit this on-line application:

Date: _____

Name:_____

Address:_____

City:_____ **State**:_____ **Zip:**_____

Phone:_____ **Email:** _____

TSC Healthcare Program admitted to _____

What is your County of residence?_____

Highest level of education achieved: ☐ High School ☐ GED ☐ Some College ☐ Associates ☐ Bachelors

What education level do you plan to attain? ☐ Associate Degree ☐ Bachelor Degree ☐ Graduate Studies

What semester of your healthcare program are you currently enrolled?

☐ 1st Semester ☐ 2nd Semester ☐ 3rd Semester ☐ 4th Semester

Do you intend to enroll for the summer semester of the current academic year? ☐ Yes ☐ No ☐ Unsure

Essay: Why I chose my TSC Healthcare Program of Study

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If you are to be considered for the scholarship you will be contacted by a TMH staff member to schedule an interview.

I certify that the information in this application is complete and accurate to the best of my knowledge.

_____

Signature of Applicant Date:

TMH Scholarship Applicant Information Forms can also be emailed to:
Heather Mitchell, TSCF Foundation
heather.mitchell@tsc.fl.edu

For TSC Financial Aid use only
Financial Aid package verified and approved

Program Hours Completed _____
Credit Hours Currently Enrolled _____
Expected Completion Semerster/Year _____

TALLAHASSEE MEMORIAL HEALTHCARE

TSC TALLAHASSEE STATE COLLEGE FOUNDATION