

Kittitas County Medical Society KCMS Scholarship Application

Due: May 10th

Name: _____ Date: _____
Address: _____ Phone: _____
City: _____ E-mail: _____
GPA: _____
School(s) You Have Applied To: _____
Field of Study You Plan to Pursue: _____

Please complete and submit the following in the order listed below:

☐ **An Essay.** This essay must include the following paragraphs:

- An introductory paragraph introducing yourself to the selection committee;
- A paragraph about your academic achievements;
- A paragraph about what you would like to accomplish after high school;
- A paragraph about what sparked your desire to enter the medical field;

☐ **Clearly Identified Statement of Financial Need:** Please provide a brief but adequate description of how you have contributed towards furthering your own education (employment history, etc). Also, please include information about the estimated cost of tuition, estimated cost of housing, estimated parental contribution, estimated financial aid, any known scholarships, and any specific or unusual circumstances which might help us to make our decision.

☐ **An academic transcript.** (Most recent available; unofficial is acceptable.)

☐ **A Copy of any college acceptance letters**