

National Medical Association
Dr. Joseph Henry Tyler, Jr. Chapter
Post Office Box 92485
Lafayette, Louisiana 70509-2485
Tax ID# 71-0883325

Attach
Student
Photo
Here

******Application Deadline: Application Must Be Postmarked By April 11, 2017******

Type or Print legibly in black ink.

Name: Last _____ First _____ MI _____

Street: _____ Apt/Lot# _____ Sex: Male Female

City: _____ State: _____ Zip: _____

Phone: Home () _____ Mobile () _____ Other () _____

Email Address: _____

Date of Birth: Month _____ Day _____ Year _____ SSN# _____

High School: Name: _____ City/State: _____

GPA: _____ Graduation Date ____/____/____ U.S. Citizen Y N _____

College/University

Name: _____ City/State _____ Tops/Award\$ _____

Accepted: Yes/Pending Anticipated Major: _____ Other Awards \$ _____

Start Date: ____/____/____ Total Tuition Expenses \$ _____

****** Important Note****** This is a "need based" financial scholarship. If you are receiving financial aid or financial scholarships from other sources to cover tuition, books and fees, you may be deemed ineligible to receive this award. The National Medical Association, Dr. Joseph Henry Tyler, Jr Chapter reserves the right to revoke any award issued under false pretenses or adverse to these criteria.

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the scholarship program. This application becomes the sole property of the National Medical Association, Dr. Joseph Henry Tyler, Jr. Chapter. I certify that I am not a member or child of a member of this organization. If selected as a recipient, I authorize release of my name and/or likeness to the National Medical Association, Dr. Joseph Henry Tyler, Jr. Chapter to be used for publicity purposes.

Applicant Signature / /
Date

Parent/Guardian Signature / /
Date

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Parent/Guardian Data

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Name: _____ Address: _____ City/State/Zip: _____

Name: _____ Address: _____ City/State/Zip: _____

Total Gross Income: \$ _____

Signature of Parents or Guardian: _____

Attachments

- Three character recommendations from for example your church, high school, volunteer organization and/or employer
- A photo of yourself that may be used at the pronouncement of this award
- Ask your high school counselor to forward a copy of your official high school transcript
- A typed short essay describing your financial need, you and your career goals, and how this scholarship will help you in your career choice
- Copy of ACT or SAT scores

Rules and Requirements

- Open to graduating students graduating from a Louisiana high school in the Acadiana Region which comprises Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermillion
- Grade point average of 2.5 or higher
- Applicants must enroll in a full time undergraduate course of study no later than the fall term of the 2017-2018 school year at an accredited two or four year college or university in the U.S. All recipients must send a letter to the National Medical Association, Post Office Box 92485, Lafayette, Louisiana 70509-2485 by September 2, 2017 accepting the award and all scholarship monies not accepted by December 16, 2017 will be forfeited.
- Previous award recipients who are enrolled in a full time undergraduate program may be eligible to receive additional scholarship funds to be determined on a case by case basis and at the sole discretion of the organization. These grants are subject to the availability of funds and other rules and regulations will apply.
- Mail completed original signed application and support material to the mailing address above.