



Scholarship Guidelines

The Cindy Allen Spirit Scholarship will be awarded based on the following criteria:

1. Applicant must have application for admission on file at an accredited college.
2. Applicant must be pursuing a career in the medical field.
3. Financial need.
4. Extracurricular activities and/or part time employment
5. A 150 word essay describing a hardship or difficult experience you have faced in your life and tell us how you dealt with it.

The scholarship committee will select the winner based on the above criteria.

Amount of Scholarship: \$1,000.00

Complete applications should be mailed to the following address and postmarked by April 25.

**Tuesday Bigelow, MD
1202 S. Broad St.
Scottsboro, AL 37568
Scholarship Application**

Date of application: _____

Full name of applicant: _____

Home address: _____

Home telephone: () _____

Birth Date: _____

Mothers Name: _____ Fathers Name: _____

Step Parent/Guardian's name (if applicable): _____

Total number of family members living at home including yourself: _____

Number of people in your home attending college besides yourself: _____

Other financial situations that the committee should take into consideration:

Mother's Employer: _____

Father's Employer: _____

Your part-time employment:

Employer: _____

Date(s): _____

Employer: _____

Date(s): _____

SCHOLASTIC ACHIEVEMENT

Overall grade point average: _____ Class rank _____ of _____

ACT Composite Score: _____

SAT Total of Verbal and Math Scores: _____

COLLEGE PLANS

Name of College you plan to attend: _____

Have you been accepted? _____ When will you start: _____

What specific medical field do you plan to pursue? _____

List any scholarships you have already received: _____

FINANCIAL INFORMATION

Please indicate your family's adjusted gross income from last year's tax return:

_____ < \$15,000 _____ \$15,000-\$25,000 _____ \$25,000-\$35,000 _____ \$35,000- \$45,000

_____ \$45,000-\$55,000 _____ \$55,000-\$65,000 _____ > \$65,000

LIST 3 REFERENCES

Name: _____ Relationship: _____

Length of time known: _____ Phone # _____

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Name: _____ Relationship: _____

Length of time known: _____ Phone # _____

RESUME

Leadership

Honors/Achievements

Athletics

Extracurricular Activities

PLEASE ATTACH ESSAY DESCRIBED IN CRITERIA #5 OF THE GUIDELINES.

APPLICATION DUE- April 25th