

Dr. Richard Hille Memorial Scholarship for Medical Students
2020-2021 Academic Year

Eligible applicants must have graduated from a Washington County High School, attended an undergraduate college in Ohio, and be enrolled in Medical School in Ohio. Preference will be given to those in Family Medicine. The Scholarship is renewable from the first to final years of medical school. The student must have a 3.0 GPA to be eligible for the initial scholarship and to be considered for renewals.

PERSONAL INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

School: _____

(Grade Point Average: _____ (Student must have at least a 3.0 un-weighted GPA))

Telephone: _____ Email: _____

FINANCIAL RESOURCES

Mother's Name: _____ Employer/Title _____

Father's Name: _____ Employer/Title _____

Telephone: _____ Email: _____

Where is your Primary Home (with whom do you live?): Both Parents in same home
 Mother's home Father's home
 Guardian Independent*

*For purposes of this application, to be considered independent you must be at least 18 years of age and have been living in your own residence, at your own expense, apart from your parents and/or guardian for at least twelve consecutive months.

List all scholarships for which you have applied and their status (i.e. pending, awarded \$1000, denied):

ADDITIONAL MATERIALS

1. You must provide the following documents:
 - A. Official transcript from your high school and undergraduate college
 - B. Official transcript from your Medical School, verifying GPA.
2. Write an essay **not to exceed one-page** discussing your involvement in your community, your volunteer work, and future plans.
3. Write an essay **not to exceed one-page** describing how this scholarship will assist you financially.
4. Provide three **signed** letters of recommendation from teachers, employers, pastors, etc.

Please follow all directions closely. Failure to provide any requested information will result in automatic disqualification. Do not use staples on your application. Only one-sided pages (no front and back copies).

Applicant's Signature

Date

Submit your application and supporting materials to:

Marietta Community Foundation
100 Putnam Street
P.O. Box 77
Marietta, OH 45750

**All parts of your application must be received by 5:00 p.m. on
Friday, March 13th, 2020.**