The Centennial Health Profession Scholarship Program
Established in 1964

Objective
• To promote education and careers in the field of healthcare.

Qualifications
• Resident of Mecklenburg County, North Carolina; or
• Parents residents of Mecklenburg County, North Carolina; or
• Enrolled and registered at the University of North Carolina-Charlotte or other colleges in Mecklenburg County, North Carolina;

AND

• Pursuing studies toward becoming a medical doctor, dentist, dental technician, laboratory technician, pharmacist, nurse, hospital administrator or any other health-related profession.

Application Procedure and Deadline
• Additional application forms are available at the office of the Mecklenburg County Medical Society, 1112 Harding Place, #200, Charlotte NC 28204
  Phone: (704) 376-3688 Fax: (704) 376-3173
  Hours: Mon.-Fri. 8:30am-4:30pm also at: www.meckmed.org
• Applications and supporting documents must be received by the Mecklenburg County Medical Society no later than June 1. They may be faxed or e-mailed to: meckmed.org
• Awards will be announced September 1 by the Medical Society. All applicants will be notified via letter.

Supporting Documentation Required
• Two (2) letters of recommendation: One from a faculty representative; one other reference of applicant’s choice (list names on back of application form) and submitted with application form or e-mailed separately to: meckmed.org

Submit Scholarship Application Form and all related attachments to:

Mecklenburg County Medical Society
1112 Harding Place #200
Charlotte NC 28204
Fax: 704-376-3173 or e-mail to meckmed.org
Scholarship Application Form
(To be completed by applicant. Please type or print)

Student’s Name: ____________________________________________________________

Mailing Address: ____________________________________________________________
(As of September 1) Street or PO Box City State Zip

Student’s Telephone Contact: ___________________________ Best time to contact: ________

College Attending: __________________________________________________________

College Address: __________________________________________________________

CUM, GPA: _______________________ Expected Graduation Date: ______________________

Legal Resident of: ___________________________ County

Parents Legal Resident(s) of: _________________ County

List of any awards or honors received:

___________________________________________________________________________

___________________________________________________________________________

Please list aid from other sources during the current Academic Year:

Current Financial Aid: ____________________________

Tuition: _________________________________________

Books/fees/supplies: _____________________________

Prior Indebtedness: ______________________________

TOTAL: __________________

On separate paper, please state your chosen career objectives and reasons why. Write an
explanation of why you wish to be considered for an MCMS scholarship.
LIMIT 2 PAGES.

I affirm that all the statements made in this application are true to the best of my knowledge.

_________________________________ Signature of Applicant

REFERENCES (name and phone number)

1) NAME: ___________________________ PHONE: ___________________________

2) NAME: ___________________________ PHONE: ___________________________