



ADIRONDACK MEDICAL CENTER FOUNDATION
SCHOLARSHIP APPLICATION

HOW TO APPLY

This application must be submitted no later than April 15th with the information requested below.

The application will not be reviewed unless all of the required information has been received.

Please answer each question as it is presented on the application.

If a question does not apply to you, mark your answer with n/a.

1. A copy of the letter of acceptance from either North Country Community College, Clinton Community College or Canton ATC indicating you have been accepted into a program leading to a degree in the field of healthcare.
2. A transcript of your high school grades showing SAT & ACT scores, regents grades, your class rank and cumulative average.
3. On a separate sheet of paper, write a personal statement of no more than one page detailing your career aspirations and personal goals, your perception of your abilities, your financial need and other comments relevant to your application. You may also include a description of your leadership roles, activities or honors in high school or the community.
4. Please submit a recommendation letter from a non-relative faculty member (for high school students) or a non-relative supervisor (for non-traditional students). The recommendation must be submitted with your application.
5. Page 1 & 2 of your most recent tax return (IRS Form 1040). If you are a dependent of your parents you must submit page 1 and 2 of their most recent tax return (IRS Form 1040).

Submit this application to:

Scholarship Committee
Adirondack Medical Center Foundation
P.O. Box 120
Saranac Lake, NY 12983

-----For Office Use Only-----

Application received completed with all attachments.

Date: _____

Date application approved: _____

Award amount \$ _____

Signature: _____

Date: _____

AMC Foundation Executive Director

ELIGIBILITY

- The AMC Foundation Scholarship Committee determines each award individually based on the required information that is provided by the applicant during the application process.
- Applicants must provide proof that they have been accepted into a course of study leading to a degree in a nursing or allied health care medical field at one of the following accredited post secondary institutions (North Country Community College for nursing or medical imaging, Clinton Community College for laboratory or Canton ATC for physical therapy assistant or dental hygienist).
- Applicants must be full time students. Full time is defined as 12 credit hours per quarter or semester.
- Applicants must live within the primary service area of Adirondack Medical Center and/or graduate from one of the following high schools: Lake Placid, Saranac Lake, Tupper Lake, AuSable Valley, Keene Central, Long Lake or St. Regis Falls.
- Applicants must meet and maintain the grade point average necessary to remain in good standing within their specific academic program to be considered for a second year scholarship.

PERSONAL PROFILE

Please Print or Type:

Name _____
(First) (M.I.) (Last)

Home Address: _____
(Street Address including number)

City/Town _____ State _____ Zip _____

Mailing Address (if different) _____

Telephone (____) _____ Email address: _____

Age _____ Date of Birth ____/____/____ Social Security # _____

Do you reside with your parents or spouse? Yes _____ No _____ (please circle which one)

Name of Parents/Spouse _____

Occupation of Parents/Spouse _____

List Other Family Dependents Along with Ages _____

Total adjusted gross income for the last calendar year according to IRS form 1040:

Parents' / Household's Gross Income: _____ Year: _____

Did you have income in the previous year? Yes _____ No _____ If so, how much employment income did you earn? \$_____ Where were you employed? _____

Present employment: _____ Full time ____ Part time ____

What accredited college will you be attending? _____

What course of study do you intend to follow? _____

Are you a U.S. Citizen? _____ If no, please explain: _____

Have you ever been convicted of committing a felony offense involving marijuana, controlled substances or dangerous drugs? No ____ Yes ____

If yes, please explain: _____

Are you in default or do you owe a refund on any educational loan? No ____ Yes ____

If yes, please explain: _____

RECOMMENDATIONS

Please submit a letter of recommendation from a non-relative – **for high school students**, a faculty member; **for non-traditional students**, your immediate supervisor.

ACADEMIC PROFILE

Name of High School Attended: _____

Address: _____

For High School Students:

Expected Date of Graduation: _____ Please attach a copy of your high school transcript showing SAT & ACT scores, regents grades, your class rank and cumulative average.

For Non-Traditional Students:

Year of High School Graduation: _____

Other institutions previously attended and hours earned (if any):

Date of Entrance: _____

In what educational program were you enrolled?

Associates ____ Bachelors ____ Masters ____ In what major? _____

Please attach a transcript of your grades.

FINANCIAL INFORMATION

**Please note: Each line of the financial information section of the application must be completed.
If you are not receiving aid or income in the categories listed below,
please mark that line with "n/a" as not applicable.**

Academic Program Costs and Support

What is the estimated annual cost at the college you expect to attend?

Tuition:	\$ _____	Books:	\$ _____
Room:	\$ _____	Incidentals:	\$ _____
Board:	\$ _____	TOTAL COSTS:	\$ _____

Please indicate the level of support you will be or are currently receiving from the programs listed below on an annual basis. Indicate the amount for each (estimate aid if you don't have exact figures).

Pell Grant	\$ _____	Voc Rehab	\$ _____
Scholarship	\$ _____	V.A. Benefits	\$ _____
Work Study	\$ _____	Other	\$ _____
Student Loans	\$ _____	TOTAL SUPPORT:	\$ _____

Income

Please indicate the annual income you anticipate upon college entrance from the sources listed below. Indicate the amount for each.

Parental Support	\$ _____	Unemployment	\$ _____
Employment	\$ _____	Social Security	\$ _____
Child Support	\$ _____	Worker's Comp	\$ _____
Alimony	\$ _____	Other	\$ _____
Social Services	\$ _____	TOTAL INCOME:	\$ _____

Verify your adjusted gross income:

**You must include a copy of Page 1 & 2 of your recent tax return - IRS Form 1040.
If you are a dependent of your parents,
you must include page 1 & 2 of your parents most recent IRS 1040.**

**Please read the following and sign the application.
Unsigned applications will not be considered.**

SCHOLARSHIP RECIPIENT RESPONSIBILITIES

If you are awarded a scholarship you must:

- Maintain satisfactory progress in a course of study leading to a degree in a health related field.
- Submit a grade report for each quarter or semester along with a course schedule for the upcoming semester or quarter immediately after the completion of each semester or quarter.
- Keep the Adirondack Medical Center Foundation apprised of any change in your academic status while receiving scholarship assistance.
- Give permission to use any general, non-financial information included with this application for publicity purposes; to provide the Foundation with photographs; and to participate in scholarship recognition ceremonies of the Foundation's choosing.
- Upon 60 days of graduation, scholarship recipient must agree to work at Adirondack Medical Center for a period of one year assuming employment availability.
- During your final semester verify with the AMC Foundation that you have consulted with the Adirondack Medical Center Human Resources Office regarding possibilities for employment. This appointment in no way assures employment with Adirondack Medical Center.
- Should the employment requirements not be met, the scholarship recipient promises to pay to the order of Adirondack Medical Center Foundation the total amount paid under this agreement, with interest compounded at the current prime rate, in regular monthly payments within a period not to exceed 24 months.
- If employment is not available at Adirondack Medical Center within the scholarship recipient's field of expertise/study upon 60 days of graduation, the scholarship recipient is not obligated to repayment.
- Should the scholarship recipient default on the payment of the principal and interest, the entire unpaid balance shall become immediately due and payable with attorney fees and costs of collection.
- Understand that Adirondack Medical Center Foundation scholarships are dependent upon the availability of Foundation funding.
- This award will be applied to tuition, fees, books and other expenses incurred as part of your course of study. This award may be considered taxable by the IRS and you are responsible for any tax liability incurred as a result of this award. The Adirondack Medical Center Foundation will provide no tax information to me or to the Internal Revenue Service.

Student Signature _____

Date _____