



DR. TOM ALTIZER MEMORIAL SCHOLARSHIP AWARD

Purpose: To provide a yearly scholarship to two deserving high school graduates of Washington County who plan to continue their education at an accredited institution.

Amount: Two scholarships of \$1,000.00 each.

Qualifications:

Educational Achievement

- Applicant must be a graduate of a Washington County school in the year the scholarship is distributed.
- Applicant must show academic achievement by having a 3.0 grade point average or higher.

Community and/or school involvement (i.e. volunteer activities, clubs, sports, etc.)

Application:

1. Application must be sent in by **May 4, 2012** to: Center for Joint Surgery & Sports Medicine
11110 Medical Campus Road
Suite 103
Hagerstown, MD 21742
2. Applicant must complete a 300-500 word type written essay on the question stated below:

Essay Topic:

What is the most valuable lesson you have learned in your high school career that you would be most willing to pass on to incoming freshmen?

3. Official high school transcript.
4. Letter of acceptance at an accredited college or proof of application to an accredited college.
5. Two letters of recommendation are required. (One from a high school teacher, counselor, or principal)

****Please submit ALL information required for consideration of this scholarship**



Name: _____

Address: _____

Birthdate: ____ / ____ / ____ Phone Number: _____

Father (guardian) Name: _____
Address: _____
Employer: _____

Mother (guardian) Name: _____
Address: _____
Employer: _____

Number of brothers and sisters (with ages):

Number of family members in college: _____

Educational Information

Name of high school: _____

Graduation Date: _____ G.P.A. _____

School organizations and activities, which you have participated:

Honors, awards or recognition received:

Community Involvement

Recognition, Honors, Awards, or Community Service (outside of school activities)

Work Experience

Employer: _____
Start Date: _____ Finish Date: _____

Employer: _____
Start Date: _____ Finish Date: _____

Education Plans

Where do you plan to attend college?

Have you been accepted? _____ Approximate cost per year _____
Major: _____

Other interests:

Financial Information

Parent's Current annual income _____
Student's Contribution towards college _____
Have you applied for other financial aid? _____

Signature of Applicant _____