Medical Services Scholarship

DeWitt Area Chamber of Commerce

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DeWitt MI 48820
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The DeWitt Area Chamber of Commerce acknowledges the need for well-trained and highly-skilled medical personnel. These highly trained individuals are a critical part of every community. Whether practicing in a medical facility or an emergency vehicle, we depend on these highly-skilled individuals to save lives.

Acknowledging the importance of this career path has motivated the DeWitt Area Chamber of Commerce to support the Medical Services Profession by offering a $1,000 scholarship to qualifying individuals as defined below.

Applications must be received by the DeWitt Area Chamber of Commerce by April 1, 2020 to be considered.

Eligibility Requirements
Eligibility for this scholarship is limited so please read the criteria carefully.

Eligible applicants must:
• reside in Clinton County or graduating from a Clinton County School in 2020 a resident returning to school after returning from military duty, or a current firefighter seeking to advance their career in medical services.
• have maintained a cumulative GPA of 2.5 and
• be enrolled or plan to enroll in an accredited Medical Services Program offering a Certificate of Completion, Associate’s Degree, or Bachelor’s Degree in the field of Medical Services.

Educational Institution Requirements
The applicant must use the scholarship awarded to attend a post-secondary institution of learning that requires a high school diploma for admission. This could include any public or private (1) four-year accredited college or university (2) two-year accredited college or (3) vocational technical college or training institution.

Application Criteria and Supporting Materials Required
1. A completed and signed application form
2. An official copy of the applicant's transcript and grade report from their High School or if a returning student, transcripts from their most recent educational institution.
3. At least one letter of recommendation from a teacher, commanding office if military, fire chief if firefighter in support of the applicant's application. Additional letters from the school administrator, counselor, commanders, or employment supervisor may also be submitted in support of the application although they are not necessary for consideration. Do not send letters of recommendation from immediate family members, close family friends, or relatives.
4. A typewritten statement, between 150 and 200 words, prepared and signed by the applicant that explains his/her reasons for wanting to pursue an education in the Medical Services Field.
5. Payment of Scholarship Proceeds
The student selected to receive the Medical Services Scholarship will be awarded a Certificate of Eligibility at the Student Awards Program with financial payment made payable to the student, once proof of enrollment at said school has been received by the DeWitt Area Chamber of Commerce.
Medical Services Scholarship Application

PLEASE COMPLETE THE FOLLOWING APPLICATION AND RETURN BY APRIL 1, 2020

Name _______________________________________________________________

Address: ____________________________________________________________________________

City __________________________ Zip Code ______________________

Email Address ___________________________________________________ Date of Birth ______________________

Phone (_____ ) ______________________________ Cell Phone (_____ ) ______________________________

Medical Services Career Desired __________________________________________________________________

College you plan to attend ____________________________________________________________

Are you currently or have you previously worked in this or any medical services field? ______________

If the answer is yes, please provide the following information:

Company Name ___________________________________________________________________________________

Supervisor ___________________________________________ Phone _____________________________________

Applicant’s signature ___________________________________________ Date ______________________

By signing this application, you are stating that you are the author of the essay submitted and the material is not copied in any manner. You are also giving DACC permission to use your name and/or photograph in any and all marketing materials.

Parent/Guardian signature __________________________________________

Date __________________

Required if student is under 18 years of age

Application Due Date is April 1, 2020
Application and all supporting documents must be mailed or delivered to:
DeWitt Area Chamber of Commerce
113 S Bridge Street, DeWitt 48820

Scholarship Award winner will be announced at High School Awards Program.