



Mecklenburg County Medical Society

1112 Harding Place, #200 • Charlotte, NC 28204

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



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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.

Date Signature of Applicant



REFERENCES (name and phone number)

1) NAME: _____ PHONE: _____

2) NAME: _____ PHONE: _____