

NAMME NATIONAL SCHOLARSHIP APPLICATION

ABOUT NAMME:

The National Association of Medical Minority Educators, Inc. (NAMME) was established in 1975 by a group of educators concerned about the shortage of minority health providers and the need to establish an organization to address important issues impacting underrepresented minority students, faculty and administrators in health professions schools. All scholarships are made possible through the generosity of the NAMME National Board in an effort to expand the number of qualified, trained minority health care professionals in the continental United States.

Eligibility 2010:

To be considered for the **NAMME National Scholarship**, an applicant must:

1. Be nominated by a regular **NAMME** member in good fiscal standing.
2. Be an underrepresented ethnic minority.
(African American, Hispanic/Latino, Native American or Asian Pacific Islander)
*Designations consistent with NAMME, Inc. Mission Statement
3. Be a U.S. citizen or permanent resident.
4. Be currently enrolled in an accredited health professional school or program where they are in good academic standing and have completed at least his or her first professional year of training. **Allied Health Profession students who are in their second year are eligible.**
5. Must have a minimum grade point average of 2.8 for all undergraduate students and 3.0 grade point average for professional school students.

Criteria for Selection:

The NAMME National Scholarship Committee will make up to eight (8) awards on the basis of:

1. Documented financial need
2. Academic achievement
3. Community service
4. Personal statement/essay
5. Letters of recommendation
6. Recommendation forms

Number and Amount of Scholarship: Up to nine (9) scholarships up to \$1000.00 each.

Application Deadline:

Applications must be received by the National Scholarship Chair by July 15, 2011. Application materials must be sent under **one** cover (no partially completed applications please). Application packets not containing all required materials will be **disqualified**.

Selection of Candidates:

The complete application and supporting documentation should be forwarded to the National Scholarship Chair for review by the National Scholarship Committee. The Committee will select up to nine (9) recipients and present their recommended recipients to the National Board of NAMME for approval. Recipients will receive a Notice of Award from the National Scholarship Chair in September 2011.

NATIONAL SCHOLARSHIP APPLICATION INSTRUCTIONS

A completed application must be submitted to the NAMME National Scholarship Chair by the student being nominated. The NAMME National Scholarship Chair will forward the completed application to the National Scholarship Committee for review and scoring.

A completed application includes the follow six items:

1. Application
2. Nomination form
3. Official health profession school transcript(s)
4. Personal statement/essay (typewritten and no more than two pages), that includes the applicant's background, achievements, community service, research, career goals, and any obstacles you have overcome
5. Financial need statement (this may be obtained from the nominee's financial aid officer)
6. Two (2) letters of recommendation - one must be from the NAMME nominator and the other from the applicant's dean, program director, or faculty/advisor
7. Two (2) recommendation forms - one must be from the applicant's dean, program director, or faculty/advisor

NAMME MEMBERS CAN ONLY NOMINATE ONE STUDENT FOR THE SCHOLARSHIP.

**APPLICATION MATERIALS MUST BE SENT UNDER ONE COVER.
APPLICATION PACKETS NOT CONTAINING ALL REQUIRED MATERIALS WILL BE DISQUALIFIED.**

MAIL APPLICATIONS TO NATIONAL SCHOLARSHIP CHAIR:

Michelle Boyd, MS
Assistant Director, Health Careers & Diversity
Charlotte AHEC
Carolinas HealthCare System
PO Box 32861
Charlotte, NC 28232-2861

NAMME FINANCIAL STATEMENT

TO BE COMPLETED BY THE STUDENT

1. Student's Full Name _____
2. Address _____
3. City, State, Zip _____
4. Social Security # _____
5. Status (Circle one) Single Single w/children Married Married w/children
6. Attach a copy of your current Financial Aid Award Letter

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

1. School's Name _____

2. A. BUDGET (Cost of Attendance)

Tuition/Fees	\$ _____
Loan Fees	\$ _____
Room/Board	\$ _____
Books	\$ _____
Travel	\$ _____
Misc/Personal	\$ _____
Other _____	\$ _____

(Please specify)

B. FINANCIAL AID AWARDS

PELL	\$ _____
GRANTS (fed/state)	\$ _____
PERKINS	\$ _____
Subsidized Loan	\$ _____
Unsubsidized LOAN	\$ _____
Scholarships	\$ _____
Other _____	\$ _____

(Please specify)

TOTAL A _____

TOTAL B \$ _____

3. Student's remaining unmet financial need \$ _____
(BUDGET/Cost of Attendance minus Financial Aid Awards: A-B)
4. Student's total education indebtedness (include all debt, all years, undergraduate and graduate) \$ _____
5. List any additional extenuating circumstances not listed on the FAFSA that may change the student's financial circumstances, i.e. economic hardship, births, deaths, etc:
 - _____
 - _____
 - _____

Name/Title of Authorized Official _____

Authorization Official Signature _____ Date _____

NAMME NOMINATOR FORM**TO BE COMPLETED BY THE NAMME NOMINATOR**

1. Name of Nominator _____
2. Title _____
3. Name of Institution _____
4. Mailing Address _____
5. City _____ State _____ Zip Code _____
6. Telephone # _____ Fax # _____
7. E-Mail Address _____
8. Signature of Nominator _____ Date _____
9. NAMME Region _____

NOMINEE INFORMATION

1. Name of Nominee _____
2. Mailing Address _____
City _____ State _____ Zip Code _____
3. Telephone # _____ Fax # _____
4. E-Mail Address _____
5. Name of School _____
6. Academic Program _____
7. Academic Classification _____
8. Expected Date of Graduation _____
9. NAMME Region _____

RETURN COMPLETED NOMINATION FORM AND SCHOLARSHIP APPLICATION TO THE NATIONAL CHAIR BY July 15, 2011. PLEASE NOTE THAT ALL NOMINATORS MUST BE A REGULAR MEMBER IN GOOD FISCAL STANDING OF NAMME, INC.

RETAIN A COPY OF THESE PAGES FOR YOUR FILES
NATIONAL NAMME SCHOLARSHIP APPLICATION
 Please type or print clearly. Complete all sections of the application.

PERSONAL DATA

Last Name			First Name			Middle Initial					
Social Security #			Date of Birth			<input type="checkbox"/> Male					
			Place of Birth			<input type="checkbox"/> Female					
Mailing Address					Permanent Address						
Street Address:					Street Address:						
City:					City:						
State:			Zip:			State:			Zip:		
Area Code:		Phone:			Area Code:		Phone:				
Most frequently utilized e-mail address (all correspondence will be sent to this email address)											
Historically, how do you describe yourself? (Please check all that apply):											
<input type="checkbox"/> 1 = American Indian or Alaska Native				<input type="checkbox"/> 5 = Native Hawaiian or other Pacific Islander							
<input type="checkbox"/> 2 = Asian				<input type="checkbox"/> 6 = Other (Specify): _____							
<input type="checkbox"/> 3 = Black or African American											
<input type="checkbox"/> 4 = Hispanic or Latino											
Citizenship:			<input type="checkbox"/> US Citizen			<input type="checkbox"/> Permanent Resident			<input type="checkbox"/> Non-Resident Alien		
Proof of residency maybe required (i.e. driver's license, passport or permanent resident ID #) if awarded.											

ACADEMIC INFORMATION

_____ State Where Attended Undergraduate School				Current Cumulative GPA _____			
_____ State Attending Professional School							
Are you currently enrolled in a college or university <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of Institution			
For Professional School Applicants ONLY							
Professional School Level (First year med student, etc)				Are you planning to enter a specialty program, if so, which specialty?			
What degree(s) will you have when you complete this program of study?				Expected Graduation Date Month/Year			
Area of career interest?				Where do you intend to practice?			
For Current Undergraduate Allied Health Applicants ONLY							
Undergraduate Level: <input type="checkbox"/> JR <input type="checkbox"/> SR				Major			
Are you in the Professional Phase of the Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Expected Graduation Date mo/year			
Area of career interest?				Where do you intend to practice?			

FINANCIAL AID INFORMATION

Are you currently receiving any need-based financial aid? Yes No

If no, have you applied for Financial Aid? Yes No | If yes, date applied: _____

Please enclose your Financial Aid Statement and official health profession school transcript or undergraduate transcript(s).
If you are an independent student, how much was your total income last year, including income from all sources?

- Less than \$9,310* *\$18,850 to \$22,030*
- \$9,310 to \$12,490* *\$22,030 to \$25,210*
- \$12,490 to \$15,670* *More than \$25,210*
- \$15,670 to \$18,850*

How many people were supported by this income? _____ Married or Single? _____

If you are a dependent student, how much was your parents' total income last year, including income from all sources? (Combine both parents' incomes, even if you live with only one parent.)

- Less than \$9,310* *\$18,850 to \$22,030*
- \$9,310 to \$12,490* *\$22,030 to \$25,210*
- \$12,490 to \$15,670* *More than \$25,210*
- \$15,670 to \$18,850*

How many people were supported by this income? _____

EMPLOYMENT

Are you currently employed? Yes No If yes, how many hours/week? _____

REFERENCE

List name and title of the NAMME Member who will complete the enclosed Recommendation Form.

Name: _____ Phone: () _____

Title: _____ Institution: _____

E-mail address _____

SIGNATURE

I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in this or future NAMME National Scholarships.

Student Signature

Date

NAMME NATIONAL SCHOLARSHIP PERSONAL STATEMENT

Please submit a typed statement (limited to two pages). You should address the following:

- Why you feel you should be selected for this scholarship
- Your background
- Your academic achievements and any research you have conducted
- Your community service initiatives
- Your career goals
- Any obstacles you have overcome

Be sure to include your name at the top and/or bottom of the statement.

NAMME NATIONAL SCHOLARSHIP LETTERS OF RECOMMENDATION

Please submit a **two** letters of recommendation. One must be from the NAMME nominator and the other from the applicant's dean, program director, or faculty/advisor.

NATIONAL NAMME SCHOLARSHIP RECOMMENDATION FORM (1 of 2)

(Two recommendation forms are required (see page 2))

APPLICANT: Please fill in your name and give this form to someone that can best answer the questions below. Suggestions: dean, program director, or faculty/advisor and NAMME nominator.

APPLICANT’S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL INFORMATION (OPTIONAL):

I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant’s Name	
Signature	Date

REFERENCES, PLEASE PLACE A CHECK IN THE APPROPRIATE BOX

	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Academic Achievement					
Oral Communication					
Written Communication					
Dependability					
Initiative					
Intellectual Ability					
Integrity					
Interpersonal Skills					
Leadership					
Work Habits					
Adaptability					

Nominator’s Name	Title
Institution	Program
Address	City/State/Zip
Telephone	Email
How long have you known this applicant?	In what capacity have you known the applicant?
Signature	Date

NATIONAL NAMME SCHOLARSHIP RECOMMENDATION FORM (2 of 2)
 (Two recommendation forms are required)

APPLICANT: Please fill in your name and give this form to someone that can best answer the questions below. Suggestions: dean, program director, or faculty/advisor and NAMME nominator.

APPLICANT’S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL INFORMATION (OPTIONAL):
 I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant’s Name	
Signature	Date

REFERENCES, PLEASE PLACE A CHECK IN THE APPROPRIATE BOX

	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Academic Achievement					
Oral Communication					
Written Communication					
Dependability					
Initiative					
Intellectual Ability					
Integrity					
Interpersonal Skills					
Leadership					
Work Habits					
Adaptability					

Nominator’s Name	Title
Institution	Program
Address	City/State/Zip
Telephone	Email
How long have you known this applicant?	In what capacity have you known the applicant?
Signature	Date

SCHOLARSHIP APPLICATION CHECKLIST

- Application to be mailed under one cover by applicant (no partially completed applications please)
- Financial Aid Statement
- Transcript
- Personal Statement Form
- Recommendation Forms (2)
- Letters of Recommendation (2)

Mail To:

Michelle Boyd, MS
Assistant Director, Health Careers & Diversity
Charlotte AHEC
Carolinas HealthCare System
PO Box 32861
Charlotte, NC 28232-2861

You will receive an email confirming receipt of application

**NAMME National Scholarship Application Checklist
For NAMME Use Only**

Name: _____

Eligibility Criteria Met: _____

CUM GPA: _____

Personal Statement Received: _____ Financial Aid Statement: _____
Transcript/s: _____ Recommendation Received: _____
Accepted: _____ Denied: _____

NAMME Committee Members Reviewing Application:
Signature: _____ Date: _____

**This scholarship is based on available funding from the
National Board of the National Association of Minority Medical Educators Inc.**