

INDIANAPOLIS MEDICAL SOCIETY ALLIANCE

Nursing & Allied Healthcare Scholarship Application

for the 2010-2011 Academic School Year

The IMS Alliance is the spousal support group of the Indianapolis Medical Society. In an effort to assist the entire medical community of Indianapolis and the surrounding areas, the Alliance provides scholarships to nursing and allied healthcare students who meet the following requirements:

1. Must have a GPA of 3.0 or above, based on a 4.0 scale.
2. Must provide an **OFFICIAL Transcript** of grades.
3. Must be accepted into Clinical Portion of curriculum.
4. Must show financial need.
5. A letter of reference from a health-related teacher, counselor, or employer must be sent directly to the Alliance Office.
6. Must plan to practice in the Indianapolis or surrounding area upon graduation.
7. Must complete application in full.
8. A recent photograph is requested, but is not mandatory. This is to assist the Scholarship Committee in sorting applications and reviewing applicants after interviews.
9. Plan to bring your transcript from your last semester if you receive an interview.

Applications, Letters of Reference, and a copy of your most recent Transcript **must be received by MAY 1, 2010** to be considered for an interview.

Please mail the application and
all other requested materials to:

IMS Alliance / IMS Foundation
Scholarship Committee
631 E. New York St
Indianapolis, IN 46202-3706

If you meet the above requirements, you will be required to attend an interview. You will be notified of the date and time. Interviews are conducted at the Indianapolis Medical Society Office at 631 East New York Street in Indianapolis, usually in early June.

Please direct all questions to the Alliance Office at (317) 639-3406. All materials will be returned upon request.

IMSF

Indianapolis Medical Society Foundation
631 E. New York St., Indianapolis, IN 46202-3706; (317) 639-3406;
Fax (317) 262-5609; E-mail ims@imsonline.org

Name _____
First Middle Last Social Security #

Address _____

City, State, Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Please provide phone and address at which you can be contacted in May and June, *if different from above.*

University _____ Major _____

Student ID # _____ GPA _____

Number of semesters remaining toward major _____

If you are in a Masters or Doctoral program, how many credit hours remain until graduation? _____

Marital Status S _____ M _____ D _____ W _____

Children No ___ Yes ___ Ages _____

Extracurricular activities _____

Name any other scholarships, grants or loans you have or may receive for the coming year. List the amounts provided or anticipated. _____

Do you expect any assistance from your parents for the school year? List the amount provided or anticipated. _____

Will you work during the 2010-2011 school year? If so, please describe your work and the hours involved. _____

Statement of Annual Income

If married, please provide
combined income

2009-2010
School Year

2010-2011
School Year

Employment	\$ _____	\$ _____
Grants	\$ _____	\$ _____
Loans	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____
Other (Family, etc.)	\$ _____	\$ _____
Total	\$ _____	\$ _____

Statement of Annual Expenses

If married, please provide
combined expenses

Rent/Mortgage Payment	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Insurance (Auto, Home, Health)	\$ _____	\$ _____
Medical Expenses	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Books/Uniforms	\$ _____	\$ _____
Loan Payments	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

