Roanoke Academy of Medicine Alliance Foundation (RAMA)
Scholarship Committee
P.O. Box 8602
Roanoke, VA 24014

SCHOLARSHIP APPLICATION
HEALTH RELATED PROFESSIONS

Instructions: Read and answer every question. Please print or type all information. **No applications will be considered unless all questions are answered and all facts are disclosed.** This is an annual award and applicants must submit a new application form to the RAMA Scholarship Committee each year. The recipient will be responsible for determining if any portion of the scholarship is subject to income tax.

Each recipient of a RAMA scholarship must execute an agreement to repay to RAMA all scholarship funds in the event that he/she does not complete the school year for which the funds were received.

This application must be postmarked no later than ***April 27, 2018.*** **Any applications postmarked after that date will not be considered.**

PLEASE RETURN TO: Roanoke Academy of Medicine Alliance Foundation
P.O. Box 8602
Roanoke, VA 24014
Attn: Scholarship Committee

To be considered, the Scholarship Committee must receive a COMPLETE APPLICATION PACKET by the date indicated. Any application received with a postmark later than April 27, 2018 will not be considered.

A complete packet consists of the following:

1. Completed application, including essay.

2. A copy of the 1040 tax form of person responsible for financial support.

3. Three letters of reference, one of which must be from a current teacher or faculty member in an academic subject. Letters must be included in the application packet.

4. Authorization for release of record information (page # 6).

5. Official transcript from current school or last school attended. Late transcripts will make applicant ineligible.

6. Financial aid officer form (page #7) completed and signed.

ROANOKE ACADEMY OF MEDICINE ALLIANCE FOUNDATION
SCHOLARSHIP COMMITTEE
P.O. BOX 8602
ROANOKE, VA 24014

SCHOLARSHIP APPLICATION

Check one: _____ Applied for _____ Enrolled in
School: ________________________________
Program: ________________________________
Year of Program: __________________________

PERSONAL DATA:

Name: ______________________________ Birth Date: ____________________
Last First Middle
Address: ______________________________ SS#: ____________________
Street
______________________________ Phone #: ____________________
City State Zip
Marital Status: ______________________ Email: ____________________

EDUCATIONAL HISTORY:

	Name	Dates Attended	Degree	GPA
High School:				
Post Graduate:				

EMPLOYMENT HISTORY: List your two most recent positions.

______________________ ____
Place Employed Address

______________________________ ____________________________
Position Dates Employed

Contact person: ______________________ Phone #: ____________________

______________________ ____
Place Employed Address

______________________________ ____________________________
Position Dates Employed

Contact person: ______________________ Phone #: ____________________

Will you continue to work while attending school? ______Yes ______No

FINANCIAL DATA:

Please check main source of financial support:

Parent _____ % Spouse _____ % Self _____ % Other _____%

Complete the following information for all sources of financial support:

Name: ______________________________ Relationship: ________________________
Address: ____________________________ Occupation: __________________________
____________________________ Annual Income: ______________________
Number of other dependents
and their ages ___________ ______________________________

Name: ______________________________ Relationship: ________________________
Address: ____________________________ Occupation: __________________________
____________________________ Annual Income: ______________________
Number of other dependents ___________ Ages of dependents _______________

Do you participate in an exchange of tuition for employment with a medical institution?
Yes ______ No ______
If so, please provide details ____
____

Have you received a RAMA Scholarship before? _____________
If so, for which academic year? __________
Amount received $_____________

FINANCIAL AID WORKSHEET

Please check appropriate blank:

1. Will you be registered as full time _____ or part time _____?
2. Will you live "on campus" _____ or "off campus" _____?

LIVING EXPENSES: Please list annual cost where applicable:

Room and Board and/or Rent	$ ___________
Personal/Food	___________
Utilities	___________
Insurance	___________
Other: Please list, i.e., child care, car, transportation, etc.	___________
TOTAL # 1	$ ___________

ESTIMATED EDUCATIONAL EXPENSES: Please list annual cost:

Tuition	$
Books and Supplies	___________
TOTAL # 2	$ ___________

ESTIMATED INCOME: Please list source and amount per year you receive from parents, spouse, self, other, etc.

______________________________	$ ___________
______________________________	___________
______________________________	___________
TOTAL # 3	$ ___________

OTHER SCHOLARSHIP AID APPLIED FOR AND/OR RECEIVED FOR THE UPCOMING ACADEMIC YEAR: Please list grants and/or awards applied for, whether received at this time, and the amount of the award. Please use an additional sheet of paper if necessary.

Title of Scholarship/Grant	*Amount Applied For*	*Status of Grant (Pending or Received)*	*Amount Received*
______________	$ ___________	___________	$ ___________
______________	___________	___________	___________
______________	___________	___________	___________
______________	___________	___________	___________
		TOTAL # 4	$ ___________

SUMMARY FROM ABOVE INFORMATION:

TOTAL EXPENSES		TOTAL *INCOME*	
Cost of living total (#1)	___________	Estimated income (#3)	___________
Educational expenses (#2)	___________	Awards/Grants received (#4)	___________
Total Expenses	$ ___________	**Total Income**	$ ___________

Revised 1/15

PERSONAL SUMMARY:

Please explain why you chose this field and why you need assistance from this scholarship fund. Include any unusual circumstances which relate to your need for financial assistance, and any information you consider important for the Scholarship Committee to consider. **ATTACH A SEPARATE 8 X 11 SHEET OF PAPER CONTAINING YOUR PERSONAL SUMMARY.**

ATTESTATION

I certify that all information submitted in this scholarship application, including the application, the financial aid worksheet, the personal summary, and all documents submitted in support of this application, is true, correct, and honestly presented. I understand that in the event that I have misrepresented any of the information submitted in this scholarship application I may be required to repay the full amount of any scholarship awarded.

__________________________________ ____________________

Signature of Applicant Date

____

Printed Name of Applicant

ROANOKE ACADEMY OF MEDICINE ALLIANCE FOUNDATION
SCHOLARSHIP COMMITTEE
P.O. BOX 8602
ROANOKE, VA 24014

AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

Must be postmarked by April 27, 2018

Name: Last First Middle Maiden

Street Address City State Zip

Telephone Number Date of Birth Social Security Number

Current/Last School Attended Date Graduated/Withdrew *(if applicable)*

______________________________ is hereby authorized to release or
Name of Academic Institution
exchange the following specified information with the RAMA Scholarship Committee.

INFORMATION OR RECORDS

_____ Official Scholastic Record (name, address, birth date, grade level completed, grades, class standing, attendance record, standardized achievement test scores, school, community activities, work experience)

The reason for this disclosure is ______________________________

Date Parent's/Guardian's/ Eligible Student's Signature

Return information by
April 27, 2018 to:
, Roanoke Academy of Medicine Alliance Foundation
Scholarship Committee
P.O. Box 8602
Roanoke, VA. 24014

ROANOKE ACADEMY OF MEDICINE ALLIANCE FOUNDATION
SCHOLARSHIP COMMITTEE

Date: ______________________________
School: ______________________________
Program student is
accepted into: ____________________

Entering Academic Year: 1 2 3 4
(circle correct number)
Anticipated Graduation Date: ____________

Must be completed and signed by the financial aid officer at the school the applicant will attend and mailed with the entire scholarship application packet by April 27, 2018, as described on page 1.

Name of applicant: ____

Father ________________________ Occupation ______________________
Mother ________________________ Occupation ______________________
Spouse ________________________ Occupation ______________________

Annual income of parents or spouse ______________________________________

Additional sources of income ______________________________________

Assistance received (amount) ______________________________________

Has the student received a RAMA scholarship before? ❑ Yes ❑ No
If Yes, what academic year? ______________________________________

Are you aware of any special circumstances that may affect student's income?
❑ Yes ❑ No

If so, please explain.

Summary of financial need and recommendations:

Signed: __________________________ Date: __________________________
Title: __________________________

Failure to fully complete this form may disqualify applicant.

Revised 1/15