**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 2016:**

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 (American Indian/Alaskan Native, Asian, Black/African American, Hispanic/Latino, Native Hawaiian or 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 the first professional year of training. **Undergraduate or Graduate Allied Health Profession students who have completed at least 1 semester or 2 quarters in their undergraduate or graduate allied health program are eligible to apply.**
5. Professional students must have a minimum grade point average of 3.0, if the curriculum is graded. If the curriculum is Pass/Fail, the student must be passing all course work. Undergraduate or graduate allied health students must have a minimum cumulative grade point average of 3.0.

**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 eight (8) scholarships up to $1000.00 each.

**Application Deadline:**

Applications must be received by the National Scholarship Chair by **June 10th, 2016**. Application materials must be sent under **one** cover (no partially completed applications or copies 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 eight (8) 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 August 2016.

**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 following six items:**

1. NAMME National Scholarship Application
2. Official health profession school transcript(s). For Undergraduate or Graduate Allied Health Program students, submission of official transcripts from all colleges/universities you have attended.
3. Typed personal statement/essay (no more than two pages), that 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.

1. Financial Aid Statement Form **and** a copy of your current Financial Aid Award Letter.
2. Two (2) letters of recommendation with corresponding Recommendation Forms

* one must be from the NAMME nominator
* one from your dean, program director, or faculty/advisor

**Please note:**

1. We highly recommend you keep a copy of your application materials for your records.
2. APPLICATION MATERIALS MUST BE SENT UNDER ONE COVER. APPLICATION PACKETS NOT CONTAINING ALL REQUIRED MATERIALS WILL BE DISQUALIFIED. No partially completed applications or copies accepted.
3. Completed application and supporting materials must be received by Friday, June 10, 2016.

**MAIL APPLICATIONS TO NATIONAL SCHOLARSHIP CHAIR:**

Colette M. McLemore, M.A.

Saint Louis University

Manager/Director of Diversity Operations, Multicultural Affairs

School of Medicine

1402 South Grand Blvd., Caroline 100

St. Louis, MO 63104

**NATIONAL NAMME SCHOLARSHIP APPLICATION**

Please type or print clearly. Complete all sections of the application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL DATA** | | | | |
| Last Name | First Name | | | Middle Initial |
| Date of Birth | Place of Birth | | | □ Male  □ Female |
| Mailing Address | | | Permanent Address | |
| Street Address: | | | Street Address: | |
| City: | | | City: | |
| State: Zip: | | | State: Zip: | |
| Area Code: Phone: | | | Area Code: Phone: | |
| E-mail address (all correspondence will be sent to this email address) | | | | |
| Historically, how do you describe yourself? Please check all that apply. | | | | |
| □ 1 = American Indian or Alaska Native | | | □ 5 = Native Hawaiian or other Pacific Islander | |
| □ 2 = Asian | | | □ 6 = Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| □ 3 = Black or African American | | |  | |
| □ 4 = Hispanic or Latino | | |  | |
| Citizenship: □ US Citizen □ Permanent Resident  Proof of residency may be required (i.e. driver’s license, passport or permanent resident ID #) if awarded. | | | | |
| **ACADEMIC INFORMATION** | | | | |
| \_\_\_\_\_\_\_ State Where Attended Undergraduate School  \_\_\_\_\_\_\_ State Attending Professional School | | Current Cumulative GPA \_\_\_\_\_\_\_\_\_\_\_ | | |
| Are you currently enrolled in a college or university?  □ Yes □ No | | Name of Institution | | |
| Area of career interest? | | Where do you intend to practice? | | |
| **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 | | |
| **For Current Undergraduate or Graduate Allied Health Applicants ONLY** | | | | |
| Undergraduate Level: □ JR □SR or  Graduate Level: □ Year 1 □ Year 2 | | Major | | |
| Are you in the Professional Phase of the Program?  □ Yes □ No | | Expected Graduation Date Month/Year | | |

|  |
| --- |
| **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: |
| If you are an independent student, how much was your total income last year, including income from all sources?   |  |  | | --- | --- | | □ *Less than $11,670* | □ *$23,851 to $27,910* | | □ *$11,670 to $15,730* | □ *$27,911 to $31,970* | | □ *$15,731 to $19,790* | □ *More than $31,971* | | □ *$19,791 to $23,850* |  |   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 $11,670* | □ *$23,851 to $27,910* | | □ *$11,670 to $15,730* | □ *$27,911 to $31,970* | | □ *$15,731 to $19,790* | □ *More than $31,971* | | □ *$19,791 to $23,850* |  |   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 Nominator Recommendation Form.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAMME Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 FINANCIAL AID STATEMENT**

**TO BE COMPLETED BY THE STUDENT**

1. Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Status (Circle one) Single Single w/children Married Married w/children
5. 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) B. FINANCIAL AID AWARDS

Tuition/Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pell $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loan Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grants (fed/state) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room/Board $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Perkins $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subsidized Loan $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unsubsidized Loan $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Misc/Personal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarships $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please specify) (Please specify)

**TOTAL A** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL B $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Student’s remaining unmet financial need $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Budget/Cost of Attendance minus Financial Aid Awards: A-B)

1. Student’s total education indebtedness (include all debt, all years, undergraduate and graduate) $\_\_\_\_\_\_\_\_\_\_\_\_
2. 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** \_\_\_\_\_\_\_\_\_\_\_\_\_

**NATIONAL NAMME SCHOLARSHIP NOMINATOR RECOMMENDATION FORM**

(This form is to be completed by your NAMME Nominator)

**APPLICANT:** Please fill in your name and give this form to the NAMME member who is nominating you.

**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 | **NAMME Region** |

**NATIONAL NAMME SCHOLARSHIP RECOMMENDATION FORM**

(To be completed by your dean, program director, or faculty/advisor)

**APPLICANT:** Please fill in your name and give this form to someone that can best answer the questions below.

**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 or copies accepted)
* Official Transcript(s)
* Personal Statement/Essay (no more than two {2} pages)
* Financial Aid Statement Form and copy of current Financial Aid Award Letter
* Two (2) letters of recommendation with corresponding Recommendation Forms

1. NAMME Nominator Recommendation Form & Letter
2. NAMME Recommendation Form & Letter (from your dean, program director, or faculty/advisor)

**Mail To:**

Colette M. McLemore, M.A.

Saint Louis University

Manager/Director of Diversity Operations, Multicultural Affairs

School of Medicine

1402 South Grand Blvd., Caroline 100

St. Louis, MO 63104

***You will receive an email confirming receipt of your 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 Medical Minority Educators Inc.**