



Osceola County Medical Alliance

P.O. Box 451814 ♦ Kissimmee, Florida 34745-1814

THE ELIZABETH FAYE LOGAN MEMORIAL SCHOLARSHIP

Sponsored by the Osceola County Medical Alliance Foundation
Partnering with the Education Foundation ~ Osceola County

Scholarship Application Cover Sheet for High School Seniors Residing in
Osceola County

APPLICATION DEADLINE: March 1, 2012

Eligible Applicants:

- Must be pursuing careers in a human health field
- Must have a GPA of 3.0 minimum unweighted
- Must have an SAT score of 1000 minimum (including math and reading scores) or ACT score of 20 or better
- Must be a graduating high school senior
- Must be a U.S. citizen residing in Osceola County

I am applying for: _____ A Valencia Community College Scholarship

_____ A non- restricted scholarship (any college or university)

Student's Printed Name _____

Checklist

- _____ Cover sheet
- _____ Completed Application
- _____ Essay (250 to 500) words
- _____ Reference Letter
- _____ Official high school transcript with SAT and/or ACT scores
- _____ Recent Photograph

Deliver or mail application packet to: The Education Foundation ~ Osceola County (407-870-4855), 2310 New Beginnings Rd. Kissimmee, FL 34744 so that it is received by the end of the business day (4:30 PM) on March 1, 2012. **Late or incomplete applications will be disqualified.**

FOR OFFICE USE ONLY

Date Received _____ By _____ Application complete _____
 HS _____ GPA _____ Major _____
 Score _____ Scholarship Assigned _____



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The Elizabeth Faye Logan Memorial Scholarship

In the fall of 1991, the Osceola County Medical Alliance in conjunction with The Osceola County Medical Society established this scholarship in loving memory of Elizabeth Faye Logan. Elizabeth lost her life in a tragic automobile accident during her junior year in high school. She was the daughter of a local physician and her mother is a member of the Osceola County Medical Alliance. It was Elizabeth's ambition to pursue a career in the field of Medicine. It is with great honor and respect that we offer this scholarship on an annual basis to deserving and qualified students.

Scholarships will be awarded on the basis of academic excellence and community service to qualified Osceola County residents pursuing careers in a human health related field. All applicants must be a graduating high school senior. The student must be enrolled or accepted to an accredited college or university.

The scholarship Committee will review all applications. Selected applicants will be interviewed. Scholarship monies will be paid by the Education Foundation of Osceola County directly to the recipient's college or university in the recipient's name. Since its inception, our Alliance Scholarship Fund has helped many students in the health care profession fulfill their dreams. It is a joy to see recipients succeed and give back to their community. The Osceola County Medical Alliance Foundation, in partnership with the Education Foundation of Osceola County, looks forward to helping aspiring students of our county reach their goals.

PLEASE PRINT CLEARLY OR TYPE

APPLICANT DATA

Name _____
(Last) (First) (MI) Social Security Number

Permanent Address (Street) (City) (State) (Zip)

_____ (_____) _____
Date of Birth (month, day, year) Home Telephone Number Student's Cell Phone Number

Student's Email Address _____

Name of parent/guardian _____

How long have you lived in Osceola County? _____ Are you a U.S. citizen? _____

SCHOOL DATA

High School _____ Cumulative GPA (weighted/ unweighted) _____ Class Rank _____

Have you taken the SAT? _____ Scores: Verbal _____ Math _____ Writing _____

Have you taken the ACT? _____ Scores: English _____ Math _____ Composite _____

Have you included a high school transcript to verify grades and test scores? ____ Yes ____ No

What is your selected Medical Career? _____

What College or University do you plan to attend? _____

Do you qualify for a Bright Futures Scholarship? _____

ATTACH PHOTOGRAPH HERE



The Foundation for Osceola Education, Inc. is a direct support, non-profit organization to the Osceola County School District. Through the Foundation, various donors contribute scholarship monies to assist students in continuing their education after high school. For more information, contact our office at 407-870-4855.

TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go to postsecondary education, and who satisfy other criteria developed by the Osceola County Medical Alliance Foundation.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. The Osceola County Medical Alliance Foundation and/or The Education Foundation~ Osceola County scholarship selection committee reserves the right to process only applications found to be complete as of the application deadline. All scholarship Selection Committee award decisions are final. Scholarship recipients will be notified by early April.

REMEMBER: This application becomes valid only when the following have been submitted:

Completed application form (no blanks)

Completed Essay

Reference letter from your Math or Science teacher

High School Transcript

Recent Photograph

Certification: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____



Education Foundation~ Osceola County Student Scholarship Agreement

I understand that:

1. My scholarship funds will not be released until I have completed the admission packet at Valencia Community College, or other institution, and have sent a copy of my final transcript prior to my enrollment for classes. (For help or more information, see your high school guidance counselor.)
2. If chosen as a Foundation scholarship recipient, I will be notified prior to high school graduation. My scholarship is not transferable to another person, institution or state.
3. If I receive a scholarship to Valencia Community College/other institution, the funds will be credited at the school for **tuition, books, or fees only**. If I have met all the school's requirements for continued enrollment, any unused funds remaining in my account may be applied to future tuition charges.
4. If chosen as a Foundation scholarship recipient, I must enroll at a postsecondary institution by January of the year following my high school graduation, or I forfeit my scholarship. Exceptions may be made at the discretion of the Foundation upon my written notification to the Foundation regarding my status.
5. I must meet all requirements for the specific scholarship for which I apply.
6. All recipient decisions made by the scholarship selection committee are **final**.
7. If a scholarship requires an additional form or letter, it must accompany my application packet.
8. My scholarship application must be completed and submitted by the deadline.
9. As an applicant, I may be required to participate in a personal interview, which I must attend upon notification.
10. In applying for this scholarship, I will be required to sign a "Consent of Grade Release" form allowing Valencia Community College or other institution to release my academic report to the Education Foundation. (form is attached)
11. If chosen as a Foundation Scholarship recipient, **I am required to send a Thank You letter to the sponsor(s) of my scholarship**, and a copy to the Education Foundation.
12. I understand that any false information in this application may result in the loss of this scholarship.

Signature of Applicant

Date

Signature of Parent/guardian (required if applicant is under 18)

Date



The School District of Osceola County, Florida

Consent and Release to Photograph/Videotape Student

I, _____, the parent/guardian of _____,
Print Parent/Guardian's Name Print Student's Name

Grade _____, a student at _____ on behalf of my child:
School Name

Do Consent **Do not Consent** to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent to the release of my child's name, both verbally and in print, when used in connection with said photograph/videotape. It is understood the photograph(s) /videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of the School District of Osceola County, FL.

Do Consent **Do Not Consent** to the use of the above-mentioned photograph(s)/videotape(s) and the name of my child for promotional purposes on the **Internet**.

I do hereby release and waive any and all claims, demands, or objections against the said school, the school district, and The Foundation for Osceola Education, in connection with or arising out of the said photograph/videotape of my child.

It is understood that the school, school district, or The Foundation for Osceola Education will not duplicate photograph(s), videotape(s) for the use or benefit of any individual student or parent. It is also understood that failure to return this permission form to the school will constitute parent/guardian consent for the purposes described above.

PLEASE NOTE: The Foundation for Osceola Education, Inc. does not require you to consent to photography or videotaping of your child in order to be considered for this scholarship. If your child is chosen to be a Foundation scholarship recipient, we do like to include his/her picture in a slide show that is part of the awards program. Your child's picture may also be used by a sponsor on their website, but only to promote their community involvement.



GRADE RELEASE WAIVER FORM

The Education Foundation ~ Osceola County requests this information in order to track student progress, and for the possible renewal of scholarships to worthy individuals.

I, _____, hereby grant permission to Valencia Community College, or any post-secondary institution that I am attending, to release information regarding my grades, attendance, and contact information to the administrator of the Scholarship Initiatives Program of the Education Foundation ~ Osceola County. This agreement shall remain in effect as long as I am enrolled as a student at the college.

Student's Printed Name

Signature (if student is 18 or older)

Parent/Guardian Signature

Date

Student's Date of Birth: _____