

Dear Prospective Scholarship Recipient,

Thank you for your interest in the Carol Welsh Memorial Scholarship Fund.

The Service League at Doctors Medical Center is proud to offer this annual scholarship to assist students pursuing a career in medicine or a health-related field. The purpose of the scholarships is to help students with tuition and books. The Carol Welsh Memorial Scholarship Fund is supported by donations to the DMC Service League.

Applications are due no later than March 1, 2012 to the following address:

Doctors Medical Center Service League
Attn: Scholarship Chair
2000 Vale Road
San Pablo, CA 94806

Late or incomplete applications will NOT be accepted.

The following criteria will be used to evaluate applications:

- | | |
|--|----------|
| • Quality of Reference | 2 points |
| • Application and Person Statement | 3 points |
| • Hospital or Healthcare Work Experience | 3 points |
| • If volunteer or employee at DMC | 4 points |
| • In-person Interview / Oral | 4 points |
| • Financial Need | 4 points |

TOTAL 20 points possible

An applicant must provide proof of residence in West Contra Costa County, which includes the cities of El Cerrito, Hercules, Pinole, Richmond, San Pablo or any of the unincorporated communities such as El Sobrante, Kensington and Rodeo.

An in person interview with the Scholarship Committee will be scheduled with all final candidates. Scholarship checks will be issued directly to the scholarship recipient's college/university in August 2011.

The Scholarship Committee looks forward to receiving your application. If you have questions or need additional information, please contact the DMC Service League at (510) 970-5334.

Sincerely,
Scholarship Chairperson
DMC Service League

CAROL WELSH MEMORIAL SCHOLARSHIP FUND
SUPPORTING INFORMATION

Each applicant should submit a complete application packet to the Carol Welsh Memorial Scholarship Committee, DMC Service League. The following items must be included in the application packet to be considered (check box if included in packet):

- Complete and signed scholarship application
- Complete and signed Supporting Information Sheet (this document)
- Official school transcripts showing a Grade Point Average of 3.5 or higher
- Personal statement (500 word essay style) with a focus on applicant's life experience, future goals and financial need
- Letter of recommendation from an instructor, academic counselor or a member of the medical field (on official letterhead stationary). **Please note that notes and/or comments will not be accepted.**
- Resume that includes activities and membership(s) in college and/or community clubs, activities or organizations

The above information must be submitted by March 1, 2012. Late or incomplete applications will not be accepted.

To be eligible for the Carol Welsh Memorial Scholarship, the applicant must confirm the following (check at least one box to confirm):

- I will be starting a nursing program, or
- I am entering an accredited college or university and will be pursuing academic training in a health or healthcare related field.
- I am a student in an accredited college or university pursuing academic training in a health or healthcare related field.

Furthermore, I agree to the following (check box to confirm):

- I will use the scholarship award for college/university tuition or books.
- I understand that it is my responsibility to advise the Scholarship Committee (in writing) of the name and address of the College I will be attending, the department/person to whom the check will be sent, and my personal ID.
- I will keep the Scholarship Committee informed of my progress in my studies

I ATTEST TO THE TRUTH OF THE ABOVE INFORMATION

Applicant's Signature _____ Date: _____

For incoming college students only, list all schools to which you have applied to:

School Name & Location	Major	Accepted (Y/N)
1.		
2.		
3.		
4.		
5.		

I ATTEST TO THE TRUTH OF THE INFORMATION IN THIS APPLICATION.

Signature: _____ Date: _____