



## SCHOLARSHIP APPLICATION

### PROGRAM OBJECTIVES for Scholarships

---

AMDDPA has two scholarship programs (The AMDDPA General Scholarship and the Joe Hargrove Scholarship) for disadvantaged students pursuing careers primarily in medicine, dentistry and pharmacy at accredited institutions.

The AMDDPA General Scholarship Program annually awards up to three (3) scholarships annually to medical, dental and pharmacy students. The Joe Hargrove Scholarship Program will award one (1) scholarship to either a medical, dental or pharmacy student.

Applications are generally available August/October of each year. The deadline for submission is **October 30<sup>th</sup>**.

The AMDDPA Scholarship Program supports the mission of the Arkansas Medical, Dental and Pharmaceutical Association by:

- Increasing awareness of and respect for cultural differences in the African American community as it relates to healthcare.
- Instilling in scholars the medical ideal of "Service Above Self" through the active participation in medical service projects.
- Encouraging scholars to dedicate their personal and professional lives to improving the quality of life for the people of their home communities.
- Developing healthcare professionals who can address the medical needs of the African American community.
- Fostering a lifelong association between AMDDPA and its scholarship recipients.

Candidates should consider these objectives carefully before applying and be prepared to explain in their essays how their study plans will support the program objectives. Scholars are encouraged to request to practice in Arkansas. Other ways of demonstrating support of the objectives include a commitment to community service or humanitarian service and a commitment to long-term involvement with AMDDPA.

Scholarship recipients are encouraged to support program objectives by choosing a specialty, which will help address the needs of healthcare in the community.

AMDDPA seeks out students who are prepared for the challenge of serving as outstanding healthcare professionals. If you receive a scholarship, you will be expected to participate in the AMDDPA activities as part of your mission as an AMDDPA scholarship recipient

All applicants must complete the application in full and postmarked by October 30<sup>th</sup> in order to be eligible for the AMDDPA Scholarship.

## APPLICATION INSTRUCTIONS

---

Application forms and required documents must be post-marked on or before October 30<sup>th</sup>.

### General Scholarship Application Instructions

This page is not a part of the application and need not be submitted.

1. Scholarship applications should be typewritten. If you cannot type, complete the form in black ink so that it photocopies easily. Do not alter the application.
2. **Request an unofficial grade transcript from the Admission/Records office.**  
Provide transcript(s) from all professional schools you are actively attending. Copies are acceptable.
3. Be sure to meet the scholarship application deadlines
4. All scholarships require at least two letters of recommendation.
5. **RECOMMENDATION FORMS**  
Applicants should complete Section I and should have academic instructors or appropriate employers/supervisors complete Section II of the Recommendation Forms of this application. Educators or employers/supervisors completing these recommendations for you should be informed of the purpose of an AMDPA scholarship.

## ANNOUNCEMENT OF AWARDS

The Scholarship Committee will review the applications. Recipients of the scholarship awards will be notified by on or before October 30<sup>th</sup>.

Forward the complete application to:

**AMDPA  
Scholarship Committee  
P. O. Box 55104  
Little Rock, AR 72215**



# SCHOLARSHIP APPLICATION

Please check the scholarship type for which you are applying.

- Medical Student     
  Pharmacy Student     
  Dental Student     
  PA Program Student

## Personal Information (Please type or print):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country if outside USA: \_\_\_\_\_

Hometown: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Mobile Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

- Are you:     
  U.S.Citizen     
  U.S. National     
  U.S. Permanent Resident

## EDUCATIONAL BACKGROUND/HISTORY:

### Undergraduate College:

Name of College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Awards and Scholastic Honors Received: \_\_\_\_\_

\_\_\_\_\_

Activity in College, professional school and Community Organizations: \_\_\_\_\_

\_\_\_\_\_

### Graduate Level Work/Professional School: (other than Medical School)

Name of College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Awards and Scholastic Honors Received: \_\_\_\_\_

\_\_\_\_\_

**Professional School:**

If you have not started Medical, Dental or Pharmacy School this year please list the School(s) to which you have been accepted.

School	City	State

If you are already in Medical, Dental or Pharmacy School, please complete the following:

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major Field of Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School attending at time of application: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Academic Status:       Freshmen       Sophomore       Junior       Senior  
                                  Honors       High Pass       Pass       Low Pass       Failing

Are you a member of SNPhA, SNDA or SNMA?  Yes  No      Are you a member of AMDPA?  Yes  No

Do you plan to practice in Arkansas?  Yes  No. If no, where do you plan to practice? \_\_\_\_\_.

What percentage of your educational expenses is to be paid by?  
Family \_\_\_\_\_ % Yourself \_\_\_\_\_ % Scholarship or grant \_\_\_\_\_ % Loan \_\_\_\_\_ %

Are you a first-generation medical, dental or pharmacy student?       Yes       No

Community Service Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL STATEMENT**

Please write one to three pages, which describe your educational plan. This will include short and long-range goals (personal and professional), including the reasons for your choice. Please include a personal statement that describes your uniqueness and any other information about yourself, which you feel might be helpful in determining your eligibility for a scholarship, including how this scholarship will assist you.

I certify that this application and all attachments are complete and true. I hereby authorize AMDPA to furnish copies of my academic record, this application, and letters of recommendation to the Scholarship Selection Committee for review. If selected, I further authorize release of information for publicity purposes.

I understand that it is my responsibility to report any scholarship(s) that exceed medical, dental or pharmacy school costs, as earned income on my Federal Income Tax Return.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Are you currently an active member of AMDPA:     Yes             No

# RECOMMENDATION FORM

Scholarship Year 2022-2023

(NOTE: Two (2) Letters of Recommendation are required)

(Two people, one of whom is a faculty member, who are personally acquainted with your performance, capabilities, and potential.)

## Section I - To be completed by applicant.

---

APPLICANT'S NAME (PLEASE TYPE OR PRINT)

---

SIGNATURE

## Section II – To be completed by instructor or advisor.

1. In what capacity and how long have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. How firm the applicant's commitment to his/her is proposed field of study?
  
  
  
  
  
  
  
  
  
  
3. How would you rate the application the following area? (If you are unable to evaluate an area, please leave blank.)

	Excellent	Very Good	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose Driven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please cite specific examples of how the applicant has demonstrated the qualities listed in Question 3.

5. Additional Comments

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed evaluation to:

**AMDPA Scholarship Committee  
P. O. Box 55104  
Little Rock, AR 72215-5104.**

# RECOMMENDATION FORM

## Scholarship Year 2022-2023

**(NOTE: Two (2) Letters of Recommendation are required)**

(Two people, one of whom is a faculty member, who are personally acquainted with your performance, capabilities, and potential.)

### Section I - To be completed by applicant.

---

APPLICANT'S NAME (PLEASE TYPE OR PRINT)

---

SIGNATURE

### Section II – To be completed by instructor or advisor.

1. In what capacity and how long have you known the applicant?

2. How firm the applicant's commitment to his/her is proposed field of study?

3. How would you rate the application the following area? (If you are unable to evaluate an area, please leave blank.)

	Excellent	Very Good	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose Driven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. Please cite specific examples of how the applicant has demonstrated the qualities listed in Question 3.

5. Additional Comments

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed evaluation to:

**AMDPA Scholarship Committee  
P. O. Box 55104  
Little Rock, AR 72215-5104.**