

APPLY  
ONLINE!  
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# CHRISTOPHERSON MEDICAL SCHOLARSHIP

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A P P L I C A T I O N



Administered by  
the NIACC Foundation

**DEADLINE:**

Application and transcript postmarked before midnight  
March 1, 2012.

**MAIL ALL MATERIALS TO:**

Christopherson Medical Scholarship Program  
500 College Drive  
Mason City, IA 50401

## Instructions

Complete applications must have:

1. Answers to all questions on this application.
2. Verification of acceptance to medical school, if applicable.
3. Completed applications and transcripts must be POSTMARKED before midnight March 1, 2012 and mailed to:

Christopherson Medical Scholarship Program

\_\_\_\_ 500 College Drive

\_\_\_\_ Mason City, IA 50401

## Eligibility Rules and General Information

1. Awards are for pre-medical and medical students only. Of pre-med applicants, preference will be given to NIACC students.
2. Grants will be awarded on an objective basis without regard to race, religion, color, creed, sex, national origin, age, and physical or mental disability. Awards are made on the basis of academic achievement, financial need, moral character, and such additional criteria as may be deemed appropriate by the scholarship committee. Examples of such criteria include results of performance tests and contributions to school and community.
3. Grants are for full-time study at any accredited public or private postsecondary educational institution.
4. Applicants must have satisfactorily completed a course of study from a recognized high school or possess a General Education Development (GED) diploma.
5. Neatness and completeness of this application are factors in selection.
6. Applications are ranked on a 100 point scoring system. Maximum 60 points for academic (based on grade transcript) and 40 points for written narrative.
7. Awards are for one year only and must be fully expended by the completion of the academic year.
8. Awards are made by an independent scholarship committee. Decisions of the scholarship committee and the advisory committee of the Christopherson Medical Scholarship are final.
9. Do not attach additional materials or letters of support to this application.
10. Make sure you have signed your application.

Neatness and completeness of this application are factors in selection.

**Evaluation Information**    maximum 40 points

1. State briefly your academic interests and career goal(s). (10 points)

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2. List school and community activities you have participated in for the past three years.  
(Be brief, include year(s) of participation for each activity.) (10 points)

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3. List your accomplishments and any special honors and awards you have received. (10 points)

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4. Please make additional comments which may support your need for this scholarship. (10 points)

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## General Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Maiden Name \_\_\_\_\_

Temporary Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony, excluding minor traffic violations: Yes \_\_\_ No \_\_\_

If yes, please explain on a separate sheet.

## Previous Education

<u>School Name and Location</u>	<u>Course or Major</u>	<u>Date of Graduation</u>
High School or GED _____	Not Applicable _____	_____
College or University 1. _____	_____	_____
2. _____	_____	_____

## Transcripts

Make provisions for the Christopherson Scholarship Program to receive your official academic transcript(s) as follows: Applicants with no college experience must submit a high school or GED transcript (includes students who have taken course work through the Post Secondary Enrollment Options program). All other students who have completed the equivalent of one or more semesters of full-time college coursework, please submit your most recent academic transcript.

First Choice

Second Choice

Name of school you plan to attend: \_\_\_\_\_

Course of study/major: \_\_\_\_\_

Undergraduate classification for 2012-2013 academic year: Fr So Jr Sr (Circle One) OR

Year in graduate/medical school: \_\_\_\_\_

## Certification

I certify that all answers to the preceding questions are true and complete. I understand that any false answers or deliberate omissions on this application may be grounds for rejection of this application and withdrawal of any award granted. I authorize investigation of my employment, schooling, and other activities and release those persons, organizations, or companies supplying information from all liability and responsibility for any damages I may suffer as a result of this information. I agree that I will abide by all decisions made by the Christopherson Medical Scholarship Advisory Committee and its agents as they concern this scholarship application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_