



Medical Assisting Scholarship Application

Purpose

The purpose of the BUTC Medical Assisting Scholarship is to provide financial assistance to qualified graduating high school seniors who have demonstrated career interest in the health sciences.

Awards

One \$1000 scholarship award is available for the Medical Assisting program in each of the Northeast Florida Area Counties with priority given to Baker, Bradford, and Union counties. Awards must be used within two years of notification of receipt of scholarship and awards are non-transferable.

Eligibility

1. Applicants must be graduating high school seniors from the Northeast Florida Area with priority given to the following counties: Baker, Bradford, and Union.
2. Applicants must be U.S. citizens.
3. Must meet all minimum requirements for entrance into the Medical Assisting program. (Find enrollment criteria at www.BUTC.edu)

Selection Criteria

1. Demonstrated or expressed interest in health science education.
2. Student essay.
3. Minimum unweighted GPA of 3.00.

Application Requirements

To be considered for the scholarship award, applications must be completed and returned to BUTC no later than Friday, April 20, 2018. The application must include:

1. A completed application form. Only completed application forms will be considered.
2. An official high school transcript displaying the student's unweighted GPA.
3. A one page typed (< 750 words) essay stating the applicant's qualifications; educational and career goals; and, nature of the financial need.

All three of the above items must be received by the stated deadline of Friday, April 20, 2018 before the application will be considered. Partial scholarships will not be awarded. Completed applications should be delivered or sent to: The BUTC Scholarship Program, Attention: Mr. John Tinsler, Bradford-Union Technical Center, 609 North Orange Street, Starke, FL 32091-2434.



**Medical Assisting Scholarship Application
Application Form**

Applicant's complete name: _____

Email address: _____

Home address: _____

Home Phone number: _____ Cell phone: _____

High school name and address: _____

Circle one: I am a U.S. Citizen. YES NO

Employment Information:

Date	Company and Position Held	City, State

List current and past extra-curricular school activities and leadership roles:



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**List specific Health Science related experiences
(Personal or professional):**

Application Statement:

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from the scholarship.

Applicant's signature _____ Date _____

All materials must be received by Friday, April 20, 2018.

If you have any questions or concerns, please contact

Mr. John Tinsler at (904)966-6785.