



## The SignatureCare Emergency Center Student Scholarship

SignatureCare Emergency Center is seeking to help a medical student or prospective medical student financially as they continue their higher education. This \$1,000 scholarship is designed to go to a deserving student who displays a passion for their field. This scholarship will be awarded once per semester.

### Requirements

- ✓ Full-time enrollment at an accredited university
- ✓ 3.0 GPA
- ✓ 500-word essay
- ✓ 30-second video

Your essay and video should address the question: ***Who or what inspired you to enter the medical field?***

### How to Apply

Essays can be submitted via email to [scholarship@ercare24.com](mailto:scholarship@ercare24.com).

- ✓ Scholarship Informational Sheet
- ✓ Video
- ✓ Essay
- ✓ Sign Release and Include in submission.

All essays must be received by **August 15 (Fall) or January 2 (Spring)**. A winner will be determined and **notified via email** after the entry period ends. A public announcement will also be issued by SignatureCare Emergency Center on our website and social media pages.



**Scholarship Application Info Sheet - *(Must be submitted with your essay, consent form and video).***

Scholarship submission Dates: (Which semester would you like to be considered for?)

Check and complete only one below.

Fall ( ) 20\_\_\_\_ Spring ( ) 20\_\_\_\_

Your First and Last Name \_\_\_\_\_

Your Date of Birth \_\_\_\_\_

Your Home Address: *(Must include City and Zip Code)*

\_\_\_\_\_  
\_\_\_\_\_

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

Your Contact Phone Number: \_\_\_\_\_

Name of School/College Attending and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School (FAFSA) Financial Aid Number *(Not a telephone #)*: \_\_\_\_\_

Your Major: \_\_\_\_\_

Current GPA (if applicable) \_\_\_\_\_

***Don't forget to include the Consent Form, a 500-word Essay and 30-second Video when you email this form to us. Failure to do so will result in the rejection of your application.***