

Guidelines for Jewel Hickman Medical Scholarship

The family of the late Jewel Hickman will award a scholarship to a graduating senior that attends school or lives in Laurel School District. The student must plan on pursuing a career in a medical field. The following guidelines will apply:

- A completed application will be sent by interested students to:
Laurel Women's Civic Club
P. O. Box 105
Laurel DE 19956
- Include a transcript- GPA will be verified if there is any question of accuracy. A GPA of 2.5 or higher is required.
- An essay of 250-500 words describing how you plan to make a difference in the field of medicine and how this scholarship will assist you with this goal.
- The name of the college/university you will attend.
- Two educational/character references.
- The recipient of the award must be present at any potential award ceremony to receive the scholarship award.
- Immediate family members of Laurel Women's Civic Club are not eligible for the scholarship.
- Deadline for scholarship applications- postmarked by May 1st.

Scholarship Application

JEWEL HICKMAN MEDICAL SCHOLARSHIP

Please Print or Type	
1.	Last Name: _____ First Name: _____
2.	Mailing Address (Current Address) Street _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: () _____ Email Address: _____
4.	Date of Birth: Month Day Year Gender: _____
5.	A. Current report card with at least 3 marking periods including most recent semester of Senior year. B. Letter of recommendation from a faculty member.
6.	Name and address of high school attending:
7.	Name and address of university or college you are planning on attending in the fall: 4year _____ 2 year _____
8.	Name & address of parent(s) or legal guardian(s): Name(s): _____ Street _____ City: _____ State: _____ Zip: _____ Home phone parent/ guardians: _____ Work phone parent/guardian: _____
9. On a separate sheet please provide a typed essay (250 - 500 words) answering the questions below: How do you plan to make a difference in the field of medicine with your major? How will this scholarship assist you with this goal?	

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Scholarship Application

I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, I must be present at any potential awards ceremony to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

Checklist

Application
Essay
School Transcript
Recommendation Letter

MAIL COMPLETE APPLICATION PACKAGE TO:
Laurel Women's Civic Club
POBox105
Laurel, Delaware 19956