# The Dr. Douglas A. Gormley Medical and Allied Healthcare Career Scholarship

The Dr. Douglas A. Gormley Medical and Allied Healthcare Career Scholarship is a scholarship intended to help future allied healthcare professionals overcome obstacles to their education.

### **Scholarship Information:**

- Scholarship is for one year and is not renewable
- Students who are awarded this scholarship are also eligible for other scholarships
- Scholarship may be used for tuition, cost of attendance, on-campus-based room and board, and other educational costs associated with an allied healthcare career
- Recipient will be chosen by the Tuscora Park Scholarship Selection Committee, based on the criteria below



Health & Wellness Foundation

### **Eligibility & Criteria:**

- Must be a graduate from Barberton High School who is pursuing an Allied Healthcare career, including but not limited to: Pre-Med, Pre-Dentistry, Physical Therapy, Occupational Therapy, Pharmacy, Dental Hygiene, Physician Assistant, Dietician, Audiologist, Speech Pathology, Optometry, as well as technical school Degrees including MRI technologist, Surgical Technician, Cardiovascular Technician, Radiation Therapist, Medical Laboratory Technician, X-ray Technician, and Respiratory Therapist.
- Financial need is a consideration
- Minimum cumulative GPA of 3.0 or higher on a 4.0 scale
- Must attend an accredited college or trade school on a full-time basis
- Character, leadership and extra-curricular activities will be factored into the selection process. However, lack of extracurricular activities will not be a negative factor in the event the applicant was required to work to assist in the payment of his/her college expenses.
- Must complete a paper application

\*\* APPLICATIONS ACCEPTED JANUARY 17, 2025, TO 12:00 A.M., FEBRUARY 9, 2025 \*\*

**EMAIL APPLICATION & SUPPORTING DOCUMENTS TO:** 

cherman@barbertoncf.org

# **Gormley Scholarship Application** Date A. Personal Information Name: \_\_\_\_ Middle Address: \_\_\_\_\_ City: \_\_\_\_\_ State: Zip Code: Email: Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ B. School Information Reminder – Only BHS graduates are eligible HS Graduation Year: \_\_\_\_\_ HS GPA (weighted) \_\_\_\_ HS GPA (unweighted) \_\_\_\_\_ Name of University/College/Trade School (if decided): Planned Major: \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ Do you plan to work during college? Yes $\square$ No $\square$ C. Volunteer & Leadership Experience Please include an attachment that documents your volunteer and/or leadership experience. List any school or non-school activities, clubs, sports, honors and/or service endeavors. Please list the grades of your participation. Please include any leadership positions held, varsity letters earned, or any other special recognition.

# D. Short Essay - Future Plans & Goals

Please include an attachment with a brief paragraph describing your plans and goals for the future. What do you hope to accomplish?

## E. Short Essay - Volunteer Experience

Please include an attachment with a brief paragraph describing or outlining a significant volunteer experience you have had, including details regarding what you valued or learned from this experience.

| F. Financials  |   |  |   |  |
|--|---|--|---|--|
| **It is recommen   | ded to ask for a                                    | ssistance from                                       | n family members to a   | nswer the following questions                          |
|  |   | ` '  | • ,   | m you live the majority of the indparent, aunt, etc.). |
| First Name   | Last Nam  | ne   | Relationship  | Occupation   |
|  |   |  |   |  |
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| What is your family  | y's combined a                                      | nnual househo  | ld income? \$   | <del></del>  |
| Oo you qualify for   | free or reduced                                     | I lunches? Yes                                       | or No   |  |
| Please list the chil<br>o include yourself                   | •   | ages, in the ho                                      | ome financially suppor  | rted by your guardian(s). Be su                        |
| First Name   |   | Last Name  |   | Age of Child   |
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| How many people  | in your home a                                      | are currently en                                     | urolled in college (exc   |  |
| , , ,  | •   | •  | rolled in college (exc  | luding yourself)?                                      |
| Please include an<br>room and board, b                       | attachment tha ooks and fees.                       | t explains how<br>Also, please ir                    | you plan to finance y   | luding yourself)? rour college tuition, including      |
| Please include an<br>room and board, b<br>which you feel sho | attachment tha<br>ooks and fees.<br>ould be conside | t explains how<br>Also, please ir<br>red by a schola | you plan to finance y<br>nclude any extenuatin<br>arship committee. Pro | luding yourself)? rour college tuition, including      |

Gormley Scholarship Application Date \_\_\_\_\_

# **Gormley Scholarship Application**

### G. Signature

I certify all statements in this application are true and correct to the best of my knowledge.

Print Name Signature Date

#### FINAL CHECKLIST - All documents below must be submitted with the application.

- Completed & Signed Scholarship Application
- FAFSA Submission Summary
- Official Transcript Report cards are not accepted. You can request an official transcript from your High School, if necessary.
- Attachment that includes: Volunteer & Leadership Experience, Future Plans & Goals, Volunteer Experience, and Plans to Finance College Expenses

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#### EMAIL APPLICATION & SUPPORTING DOCUMENTS TO:

cherman@barbertoncf.org

OR

#### MAIL THE COMPLETED APPLICATION & SUPPORTING DOCUMENTS TO:

Tuscora Park Health & Wellness Foundation Attention: Carrie Herman 460 West Paige Avenue Barberton, Ohio 44203

FOR QUESTIONS OR ASSISTANCE, PLEASE CALL (330) 745-5995