

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

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



F. Financials

*****It is recommended to ask for assistance from family members to answer the following questions*****

Please list the first and last name(s) of the legal guardian(s) with whom you live the majority of the time. Please include your relationship (mother, father, stepparent, grandparent, aunt, etc.).

First Name	Last Name	Relationship	Occupation

What is your family’s combined annual household income? \$ _____

Do you qualify for free or reduced lunches? Yes or No

Please list the children, and their ages, in the home financially supported by your guardian(s). Be sure to include yourself.

First Name	Last Name	Age of Child

How many people in your home are currently enrolled in college (excluding yourself)? _____

Please include an attachment that explains how you plan to finance your college tuition, including room and board, books and fees. Also, please include any extenuating circumstances in your family which you feel should be considered by a scholarship committee. Provide a brief answer.

Please attach a copy of your FAFSA Submission Summary when submitting your 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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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