



## Tallahassee Memorial Healthcare Scholarship Applicant Information Form

The TMH Foundation scholarship is awarded to students who have been accepted into any TCC healthcare program, are currently enrolled as a new or continuing student and are in good academic standing.

To be considered for this scholarship you must successfully submit this on-line application:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TCC Healthcare Program admitted to \_\_\_\_\_

What is your County of residence? \_\_\_\_\_

Highest level of education achieved:  High School  GED  Some College  
 Associates  Bachelors

What education level do you plan to attain?  Associate Degree  Bachelor Degree  Graduate Studies

What semester of your healthcare program are you currently enrolled?  
 1<sup>st</sup> Semester  2<sup>nd</sup> Semester  3<sup>rd</sup> Semester  4<sup>th</sup> Semester

Do you intend to enroll for the summer semester of the current academic year?  Yes  No  Unsure

### Essay: Why I chose my TCC Healthcare Program of Study



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*If you are to be considered for the scholarship you will be contacted by a TMH staff member to schedule an interview.*

I certify that the information in this application is complete and accurate to the best of my knowledge.

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Signature of Applicant

Date:

*TMH Scholarship Applicant Information Forms can also be emailed to:*

**Heather Mitchell, TCCF Foundation**

**heather.mitchell@tcc.fl.edu**

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*For TCC Financial Aid use only  
Financial Aid package verified and approved*

Program Hours Completed \_\_\_\_\_  
Credit Hours Currently Enrolled \_\_\_\_\_  
Expected Completion Semester/Year \_\_\_\_\_