



NAMME NATIONAL SCHOLARSHIP APPLICATION

ABOUT NAMME:

The National Association of Medical Minority Educators, Inc. (NAMME) was established in 1975 by a group of educators concerned about the shortage of minority health providers and the need to establish an organization to address important issues impacting underrepresented minority students, faculty and administrators in health professions schools. All scholarships are made possible through the generosity of the NAMME National Board in an effort to expand the number of qualified, trained minority health care professionals in the continental United States.

Eligibility 2017:

To be considered for the **NAMME National Scholarship**, an applicant must:

1. Be nominated by a regular **NAMME** member in good fiscal standing.
2. Be an underrepresented ethnic minority (American Indian/Alaskan Native, Asian, Black/African American, Hispanic/Latino, Native Hawaiian or Pacific Islander*). *Designations consistent with NAMME, Inc. Mission Statement
3. Be a U.S. citizen or permanent resident.
4. Be currently enrolled in an accredited health professional school or program where they are in good academic standing and have completed at least the first professional year of training. **Undergraduate or Graduate Allied Health Profession students who have completed at least 1 semester or 2 quarters in their undergraduate or graduate allied health program are eligible to apply.**
5. Professional students must have a minimum grade point average of 3.0, if the curriculum is graded. If the curriculum is Pass/Fail, the student must be passing all course work. Undergraduate or graduate allied health students must have a minimum cumulative grade point average of 3.0.

Criteria for Selection:

The NAMME National Scholarship Committee will make up to eight (8) awards on the basis of:

1. Documented financial need
2. Academic achievement
3. Community service
4. Personal statement/essay
5. Letters of recommendation
6. Recommendation forms

Number and Amount of Scholarship:

Up to eight (8) scholarships up to \$1000.00 each.

Application Deadline:

Applications must be received by the National Scholarship Chair by **June 9th, 2017**. Application materials must be sent under **one** cover (no partially completed applications or copies please). Application packets not containing all required materials will be **disqualified**.

Selection of Candidates:

The complete application and supporting documentation should be forwarded to the National Scholarship Chair for review by the National Scholarship Committee. The Committee will select up to eight (8) recipients and present their recommended recipients to the National Board of NAMME for approval. Recipients will receive a Notice of Award from the National Scholarship Chair in August 2017.



NATIONAL SCHOLARSHIP APPLICATION INSTRUCTIONS

A completed application must be submitted to the NAMME National Scholarship Chair by the student being nominated. The NAMME National Scholarship Chair will forward the completed application to the National Scholarship Committee for review and scoring.

A completed application includes the following six items:

1. NAMME National Scholarship Application
2. Official health profession school transcript(s). For Undergraduate or Graduate Allied Health Program students, submission of official transcripts from all colleges/universities you have attended.
3. Typed personal statement/essay (no more than two pages), that address the following:
 - Why you feel you should be selected for this scholarship
 - Your background
 - Your academic achievements and any research you have conducted
 - Your community service initiatives
 - Your career goals
 - Any obstacles you have overcome

Be sure to include your name at the top and/or bottom of the statement.

4. Financial Aid Statement Form **and** a copy of your current Financial Aid Award Letter.
5. Two (2) letters of recommendation with corresponding Recommendation Forms
 - one must be from the NAMME nominator
 - one from your dean, program director, or faculty/advisor

Please note:

1. We highly recommend you keep a copy of your application materials for your records.
2. APPLICATION MATERIALS MUST BE SENT UNDER ONE COVER. APPLICATION PACKETS NOT CONTAINING ALL REQUIRED MATERIALS WILL BE DISQUALIFIED. No partially completed applications or copies accepted.
3. Completed application and supporting materials must be received by Friday, June 9th, 2017.

MAIL APPLICATIONS TO NAMME EXECUTIVE DIRECTOR:

**National Association of Medical Minority Educators, Inc. (NAMME)
Denita Braswell, MHA, BS| Executive Director
1500 Sunday Drive, Suite 102
Raleigh, NC 27607**

FINANCIAL AID INFORMATION

Are you currently receiving any need-based financial aid? Yes No

If no, have you applied for Financial Aid? Yes No If yes, date applied: _____

If you are an independent student, how much was your total income last year, including income from all sources?

- | | |
|--|--|
| <input type="checkbox"/> <i>Less than \$11,670</i> | <input type="checkbox"/> <i>\$23,851 to \$27,910</i> |
| <input type="checkbox"/> <i>\$11,670 to \$15,730</i> | <input type="checkbox"/> <i>\$27,911 to \$31,970</i> |
| <input type="checkbox"/> <i>\$15,731 to \$19,790</i> | <input type="checkbox"/> <i>More than \$31,971</i> |
| <input type="checkbox"/> <i>\$19,791 to \$23,850</i> | |

How many people were supported by this income? _____ Married or Single? _____

If you are a dependent student, how much was your parents' total income last year, including income from all sources? (Combine both parents' incomes, even if you live with only one parent.)

- | | |
|--|--|
| <input type="checkbox"/> <i>Less than \$11,670</i> | <input type="checkbox"/> <i>\$23,851 to \$27,910</i> |
| <input type="checkbox"/> <i>\$11,670 to \$15,730</i> | <input type="checkbox"/> <i>\$27,911 to \$31,970</i> |
| <input type="checkbox"/> <i>\$15,731 to \$19,790</i> | <input type="checkbox"/> <i>More than \$31,971</i> |
| <input type="checkbox"/> <i>\$19,791 to \$23,850</i> | |

How many people were supported by this income? _____

EMPLOYMENT

Are you currently employed? Yes No If yes, how many hours/week? _____

REFERENCE

List name and title of the NAMME Member who will complete the Nominator Recommendation Form.

Name: _____ Phone: () _____

Title: _____ Institution: _____

E-mail address _____ NAMME Region: _____

SIGNATURE

I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in this or future NAMME National Scholarships.

Student Signature

Date



NAMME FINANCIAL AID STATEMENT

TO BE COMPLETED BY THE STUDENT

1. Student's Full Name _____
2. Address _____
3. City, State, Zip _____
4. Status (Circle one) Single Single w/children Married Married w/children
5. Attach a copy of your current Financial Aid Award Letter

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

1. School's Name _____

2. **A. BUDGET (Cost of Attendance)**

Tuition/Fees	\$ _____
Loan Fees	\$ _____
Room/Board	\$ _____
Books	\$ _____
Travel	\$ _____
Misc/Personal	\$ _____
Other _____	\$ _____

(Please specify)

B. FINANCIAL AID AWARDS

Pell	\$ _____
Grants (fed/state)	\$ _____
Perkins	\$ _____
Subsidized Loan	\$ _____
Unsubsidized Loan	\$ _____
Scholarships	\$ _____
Other _____	\$ _____

(Please specify)

TOTAL A \$ _____

TOTAL B \$ _____

3. Student's remaining unmet financial need \$ _____
(Budget/Cost of Attendance minus Financial Aid Awards: A-B)
4. Student's total education indebtedness (include all debt, all years, undergraduate and graduate) \$ _____
5. List any additional extenuating circumstances not listed on the FAFSA that may change the student's financial circumstances, i.e. economic hardship, births, deaths, etc:
 - _____
 - _____
 - _____

Name/Title of Authorized Official _____

Authorization Official Signature _____ **Date** _____



NATIONAL NAMME SCHOLARSHIP NOMINATOR RECOMMENDATION FORM

(This form is to be completed by your NAMME Nominator)

APPLICANT: Please fill in your name and give this form to the NAMME member who is nominating you.

APPLICANT’S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL INFORMATION (OPTIONAL):

I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant’s Name
Signature Date

REFERENCES, PLEASE PLACE A CHECK IN THE APPROPRIATE BOX

	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Academic Achievement					
Oral Communication					
Written Communication					
Dependability					
Initiative					
Intellectual Ability					
Integrity					
Interpersonal Skills					
Leadership					
Work Habits					
Adaptability					

Nominator’s Name	Title	
Institution	Program	
Address	City/State/Zip	
Telephone	Email	
How long have you known this applicant?	In what capacity have you known the applicant?	
Signature	Date	NAMME Region



NATIONAL NAMME SCHOLARSHIP RECOMMENDATION FORM

(To be completed by your dean, program director, or faculty/advisor)

APPLICANT: Please fill in your name and give this form to someone that can best answer the questions below.

APPLICANT’S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL INFORMATION (OPTIONAL):

I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant’s Name
Signature Date

REFERENCES, PLEASE PLACE A CHECK IN THE APPROPRIATE BOX

	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Academic Achievement					
Oral Communication					
Written Communication					
Dependability					
Initiative					
Intellectual Ability					
Integrity					
Interpersonal Skills					
Leadership					
Work Habits					
Adaptability					

Nominator’s Name	Title
Institution	Program
Address	City/State/Zip
Telephone	Email
How long have you known this applicant?	In what capacity have you known the applicant?
Signature	Date



SCHOLARSHIP APPLICATION CHECKLIST

- Application to be mailed under one cover by applicant (no partially completed applications or copies accepted)
- Official Transcript(s)
- Personal Statement/Essay (no more than two {2} pages)
- Financial Aid Statement Form **and** copy of current Financial Aid Award Letter
- Two (2) letters of recommendation with corresponding Recommendation Forms
 - A. NAMME Nominator Recommendation Form & Letter
 - B. NAMME Recommendation Form & Letter (from your dean, program director, or faculty/advisor)

Mail To:

National Association of Medical Minority Educators, Inc. (NAMME)
 Denita Braswell, MHA, BS| Executive Director
 1500 Sunday Drive, Suite 102
 Raleigh, NC 27607

You will receive an email confirming receipt of your application.

**NAMME National Scholarship Application Checklist
For NAMME Use Only**

Name: _____

Eligibility Criteria Met: _____

CUM GPA: _____

Personal Statement Received: _____	Financial Aid Statement: _____
Transcript/s: _____	Recommendation Received: _____
Accepted: _____	Denied: _____

NAMME Committee Members Reviewing Application:

Signature: _____ **Date:** _____

**This scholarship is based on available funding from the
National Board of the National Association of Medical Minority Educators Inc.**

MARCH 2017