

ALLELY FAMILY MEMORIAL MEDICAL SCHOLARSHIP

1. Name

This scholarship shall be known as the Allely Family Memorial Medical Scholarship.

2. Money

The funds for this scholarship shall be deposited in the First National Bank Northeast in the Tekamah-Herman Public School Foundation under the name Allely Scholarship.

3. Control

This scholarship shall be controlled by a Committee composed of a member of the Allely family, an officer of the First National Bank Northeast, a member of the Administrative Board of the United Methodist Church of Tekamah, the principal and academic counselor of Tekamah-Herman High School.

4. Amount

The amount of the scholarship will be 96% of the previous yearly interest accumulated on the principal of the account listed as the Allely Scholarship and will be used for one (1) or more scholarship(s).

5. Eligibility

A. Applicant must be a past graduate of Tekamah-Herman High School.

B. Applicant must be accepted at an accredited post secondary institution majoring in a medical program which may include (but is not limited to) the following: medicine, dentistry, ophthalmology, pharmacy, physician's assistant, podiatry, and nursing. Chiropractic programs are excluded.

C. Students who are being considered for this scholarship shall have a cumulative grade point average of 3.0 on a 4.0 scale.

D. The applicant's financial need and work experience will be considered.

E. Applicants must file a formal application. Forms are available by clicking on Application Form at the bottom of the page.

F. Completed forms must be returned to the high school guidance counselor's office by April 15.

G. Preference will be given to a member of the United Methodist Church, but no one will be excluded on this basis.

Scholarships may be renewable from 1-4 years at the option of the Committee and upon reapplication of the recipient.

6. Selection

The principal of Tekamah-Herman High School will make recommendations regarding the applicants to the Committee who will select the recipient. This shall be done prior to the date of senior graduation exercises each year.

7. Disbursement

This scholarship shall be awarded at the beginning of the second semester. This normally will be in January. The check will be made payable to the student and to the post secondary school.

8. Changes

Any changes governing this scholarship will be made by the Committee.

APPLICATION FOR THE ALLELY MEMORIAL MEDICAL SCHOLARSHIP

Student name_____

Parent(s) name(s)_____

Email _____

Name of school you plan to attend_____

Location of school_____

Type of program you are enrolled in_____

Graduation Year_____

Post-High School GPA_____

On a separate sheet please respond to the following and attach to the application form:

1. Summarize your participation in extracurricular activities
2. Describe your community activities not related to school
3. Describe your work experience

Current high school students attach copies of a dated letter of acceptance from your school. Current college students attach your most recent transcript.

Date

Student signature
