



2010 Health Careers Scholarships For Students of the Cleveland Metropolitan School District

Purpose:

Health Legacy of Cleveland is an organization of greater Cleveland professionals dedicated to supporting health care education by awarding scholarships to African Americans in the pursuit of health care careers in order to increase the pool of African American physicians and dentists in the greater Cleveland area. Health Legacy of Cleveland will be awarding three scholarships of \$500 each to high school seniors who will be pursuing professional, formal health career education, and training programs in the fall.

Eligibility Criteria:

- A Cleveland Metropolitan School District high school senior graduating in 2010
- An African American
- Pursuing higher education and/or a formal, professional health career program and will be accepted for the Fall of 2010
- Demonstrate a commitment to return to Cleveland to practice your health career
- Write A 500 word or less essay- double spaced and typed (see below)

How to Apply:

1. Complete Scholarship Application Form
(available online at www.healthlegacycleveland.org and click on **Scholarships**)
and mail it by **Friday, April 2, 2010**
Cleveland Metropolitan School District
The Department of Postsecondary Education
1380 East Sixth Street -600 North
Cleveland, Ohio 44114
2. Attach a **500 word double-spaced, typed essay** addressing the following questions (Grammar, Word Count, Spacing and Content will be scored) :
 - a. What health career are you pursuing?
 - b. How did you become interested in this profession?
 - c. Why you are especially suited to this career.
 - d. Why do you want to come back to Cleveland to practice your career?
3. Your counselor should review your essay, application and other pertinent supporting documents before submission.

Other Information:

- All completed applications will be reviewed and scored by a committee
- Scholarship winners will be **announced no later than May 14, 2010**
- Scholarship recipients will be honored at the **Health Legacy of Cleveland Board Meeting Thursday, June 10, 2010 at Corporate College, 4400 Richmond Road, Warrensville Hts., Ohio 44128 at 6:30 PM**
- Scholarships can be applied to any unmet financial obligations, including books



SCHOLARSHIP APPLICATION FORM
For Cleveland Metropolitan School District Students
(Please print or type)

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip 44 _____

Telephone/Cell Number _____ Birth Date ___/___/___ Age _____

Name of High School _____

Student ID _____ Grade Point _____
Average _____ Name of Guidance _____
Counselor _____ Phone Number _____ Intended Health
Career Profession or Goal _____

Intended College or Training Program _____

Have you applied to this program? _____ When will you be notified of this
acceptance? _____ (Attach copies of any acceptance letters you have
received)

Are you a graduate of the Charles R. Drew, MD Saturday Academy? ___Y___N

**Attach or fill in below a double spaced, typed 500 words or less, essay addressing
the following:**

- 1. What health career are you pursuing?**
- 2. How did you become interested in this profession?**
- 3. Why are you especially suited to this career?**
- 4. Why do you want to come back to Cleveland to practice your career?**

Student Signature _____ Date _____

Return scholarship application by Friday, April 2, 2010