



The Greater PineBelt Community Foundation Drs. Cole and Moak Scholarship Fund

PURPOSE

Established in 2010, the Drs. Cole and Moak Scholarship Fund honors Edwin H. Cole, M.D. and William E. Moak, M.D. for their dedication to the Richton community. Dr. William E. Moak served the Richton community for 60 years, not only as a physician but also as President of the Rotary Club, Richton School District School Board member, Medical Director of the Perry County Hospital, and numerous positions at the Richton United Methodist Church. Dr. Edwin Hewitt Cole practiced medicine for 52 years, beginning his career at South MS Charity Hospital in Laurel. In 1965, he joined Dr. Moak, and they established the Richton Medical Center in Richton. He worked as a surgeon at Perry County General Hospital until December of 2007 and passed away in February of 2008. Dr. Moak passed away in February of 2014.

The recipient will be a student with a sound record of achievement in his or her studies and of outstanding school citizenship. This award will also include recognition of leadership ability by selecting a recipient who has taken initiative in school activities and/or organizations that contribute to an improved quality of life for the greater community.

SCHOLARSHIP INFORMATION

The Drs. Cole and Moak Scholarship assists students from Perry and Greene Counties who are pursuing higher education in the medical field.

CRITERIA

In making a decision, the Scholarship Advisory Committee will use the following criteria:

- Financial Need
- Scholastic Achievements
- Extracurricular Activities
- Residence in Perry or Greene County

ELIGIBILITY

- Applicant must be a resident of Perry or Greene County
- Applicant must be committed to pursuing a career in the medical industry
- Applicant must have a minimum 2.5 grade point average on a 4.0 scale must provide an official transcript in a sealed envelope from the college or university currently attending
- Applicant must be accepted into a higher education medical program (such as medical/nursing school or technician training)

NOTIFICATION

Applicants will be notified by mail about the status of their application no later than May 15. Scholarship funds will be distributed directly to the institution of the applicant's choice no later than September 1.

GUIDELINES

Each complete application must be received by The Greater PineBelt Community Foundation by March 1.

- Completed application form
- Essays
- Official post-secondary school transcripts
- Confirmed acceptance into a higher education medical program
- Resume

QUESTIONS

Contact the PineBelt Foundation at 601.583.6180 or pinebeltcf@bellsouth.net.



DRS. COLE AND MOAK SCHOLARSHIP FUND SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Legal Guardian: _____

Parent/Legal Guardian's Address: _____

Are you a current resident of Perry or Greene County? Yes No

INTENDED MEDICAL PROGRAM

Educational Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date Started / Intended Start Date: _____

Cost of Program: _____ Length of Program: _____

COLLEGE INFORMATION

College Attending: _____

College Address: _____

GPA: _____

ACT Score: _____ or SAT Score: _____

Major/Career Goals: _____

Please list Gross Annual Household Income and Sources of Income (Work, Social Security, Child Support, etc.). Please note that this information is subject to verification should you become a scholarship finalist).

\$ _____ Sources: _____

Briefly describe your family living situation (example: single or two parent home, or guardian including relationship).

List honors/awards/scholastic achievements that you have received in the last four years:

Award/Honor/Achievement

Year Received

List school or community activities that have been most significant to you during the last four years:

Activity

Position Held

Involved from
(mm/yyyy):

Involved to
(mm/yyyy):

Average
Number of
Hours/Week

List any work experience (including summer and part-time) you have had over the past four years:

Job Title

Position Held

Dates of Employment (mm/yyyy)

Average Number of Hours/Week

Name and amounts of any scholarships / financial aid you expect to receive:

(Please do not apply if you are receiving a full scholarship, including books from another source)

ESSAYS

For the following questions, attach separate pages with your typed answers (put your name at the top of each additional page).

1. Why did you decide to pursue a career in the medical industry?
2. Indicate a person who has had a significant influence on you and describe that influence.
3. From a financial standpoint, what impact would this scholarship have on your education? (State any special personal or family circumstances affecting your need for financial assistance.)

I certify that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated on this form.

Signature of Applicant: _____ Date: _____

APPLICATION CHECKLIST

I have included one copy of the following:

- Completed application form
- Essay
- Official post-secondary school transcripts
- Resume

**Completed application must be received
at the address below by March 1.**

Drs. Cole and Moak Scholarship Advisory Committee
The Greater PineBelt Community Foundation
1507 Hardy Street, Suite 208
Hattiesburg, MS 39401