



## **The Greater PineBelt Community Foundation Dr. Edgar D. Johnson Memorial Scholarship Fund**

### **PURPOSE**

The Dr. Edgar D. Johnson Memorial Scholarship Fund was established by fellow physicians to memorialize Dr. Edgar D. Johnson. The scholarship is awarded annually to a USM student accepted to Medical School based on academic excellence, community involvement, and church affiliation.

The recipient will be a person graduating with a sound record of achievement in his or her studies and is active in his/her church. This annual award will also include recognition of leadership ability by selecting a graduate 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 Dr. Edgar D. Johnson Memorial Scholarship Fund will make available a scholarship in the amount of \$1,000 to a qualified candidate who will attend medical school with the interest in Primary Care.

### **CRITERIA**

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

- Scholastic Achievements
- Civic Activities
- Faith-Based Activities
- Acceptance to an accredited Medical School

### **ELIGIBILITY**

- Applicants must be a US citizen, a USM Student who is graduating with the current graduating class and accepted to medical school.
- Applicants must have a minimum 3.2 grade point average on a 4.0 scale and must provide an official transcript in a sealed envelope from USM.

### **NOTIFICATION**

Applicants will be notified by mail about the status of their application no later than June 30<sup>th</sup>.

## **GUIDELINES**

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

- Completed application form
- Essay to describe your Civic and Faith Based Activities and your plans for your Professional Career (no more than 4 typed pages)
- Official USM transcript
- Resume

## **QUESTIONS**

Contact the PineBelt Foundation at 601.583.6180 or email us at [pinebeltcf@bellsouth.net](mailto:pinebeltcf@bellsouth.net).



## Dr. Edgar D. Johnson Scholarship Fund

### SCHOLARSHIP APPLICATION

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

Medical University you plan to attend: \_\_\_\_\_

\*Major/Career Goals: \_\_\_\_\_

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 USM transcript
- Resume

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

**Dr. Edgar D. Johnson Memorial Scholarship Advisory Committee**  
The Greater PineBelt Community Foundation  
1507 Hardy Street, Suite 208  
Hattiesburg, MS 39401