



# The Dr. Bill and Emily Jackson Medical Scholarship

*The Dr. Bill and Emily Jackson Medical Scholarship is an award of up to \$10,000 per year granted to a medical school student from Dickson, Hickman or Humphreys County in Tennessee. Recipients must demonstrate academic achievement and have a significant amount of expense that is not being met by other scholarships or financial aid. All candidates must have been a resident of Dickson, Hickman or Humphreys Counties in Tennessee for a minimum of one year prior to applying. Students who receive the scholarship may reapply each year as long as they are in medical school; their selection as the continuing recipient will be at the discretion of the Goodlark Educational Foundation Board of Directors.*

The deadline to apply for this scholarship is May 31<sup>st</sup>

Applicants should include:

- This completed application with additional sheets of explanation as needed
- A grade transcript from the applicant's most recently completed semester
- A letter of recommendation from a relevant college faculty member or pre-med advisory committee

All applications and supporting documents should be sent to the Goodlark Educational Foundation at 445 Hwy 46 South; Suite 29 #213; Dickson, TN 37055 and must be received by May 31st. Finalists for the award will be interviewed in person by the board.

I, (please print name) \_\_\_\_\_, certify that the information provided on this application is correct. Should this information change, I will immediately notify the Goodlark Educational Foundation. I have read and understand the requirements for applying for this scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

Full Name \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

When, and for what length of time, did you live in Dickson, Hickman or Humphreys County? \_\_\_\_\_

\_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Undergraduate University \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Major \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Medical School \_\_\_\_\_ Beginning Date \_\_\_\_\_

Student ID \_\_\_\_\_

MCAT Score \_\_\_\_\_ Cumulative GPA (if already attending) \_\_\_\_\_

List school and community activities in which you have participated and honors you have received. Attach a separate sheet if necessary, or use the back of the application.

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Please mark all of the following that apply to you:

- I received a Goodlark Foundation undergraduate scholarship. Number of years \_\_\_\_\_
- I have been accepted to medical school.
- I am interested in the following specialty \_\_\_\_\_
- I intend to practice medicine in Dickson, Hickman or Humphreys County. (Not a requirement.)

List your employment history for the past four years:

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Name: \_\_\_\_\_

List all scholarships, grants or other financial aid you have been awarded for medical school:

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Have you had emergency or extraordinary expenses that affect your ability to pay for medical school? If so, please explain:

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Cost of intended medical program per year:

Tuition \_\_\_\_\_

Fees \_\_\_\_\_

Books \_\_\_\_\_

Estimated Living Expenses \_\_\_\_\_

Total \_\_\_\_\_

Do you have existing school debt? If so, how much? \_\_\_\_\_

Will you have to add to your debt for the upcoming school year? If so, how much? \_\_\_\_\_

