



Jackson and Mills Medical Scholarships

445 HIGHWAY 46 SOUTH
SUITE 29, #213
DICKSON, TENNESSEE 37055
(615) 446-9156
www.goodlark.com

The deadline to apply for this scholarship is May 31st

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.

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:

Name: _____

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

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

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? _____

