

## Gordon and Lillian MacGregor Scholarship

2008 – 2009 Academic Year

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### Terms and Conditions

#### About the Scholarship Program:

In association with the Sedona Community Foundation, an affiliate of the Arizona Community Foundation, Gordon and Lillian MacGregor established a scholarship program to help residents of Sedona in their studies in preparation for a career in health care. See the eligibility and renewal requirements described below.

#### Eligibility:

- Pursuing a degree that leads to a career in health care: nursing, physical therapy, M.D./D.O., dental hygienist, occupational therapy, etc.
- Financial need as indicated by the Free Application for Federal Student Aid Report ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)).
- Admitted to a college or university in a major that prepares for a medical occupation.
- 3.00 minimum cumulative grade point average leaving high school and in previously completed college studies.
- Demonstrated evidence of high motivation, determination to succeed and potential leadership.
- Resident of Sedona at the time of high school Graduation; for example attended and graduated from Sedona Red Rock or Verde Valley High School.

#### Award:

\$2,000 per year for students at a community college; \$5000 for study at a university. The scholarship payment is sent directly to the school in payments at the start of each semester.

#### Renewal

The scholarship may be renewed for up to four years. The scholarship is not automatically renewed, but a recipient from a previous year may apply for the scholarship for an additional year along with new applicants.

#### Application Process:

Mail all of the following in the same envelope to the Arizona Community Foundation, 2201 East Camelback Road, Suite 202, Phoenix, AZ 85016, postmarked by June 10<sup>th</sup>:

- Application [Cover Sheet and Checklist](#), included with the application.
- Two letters of recommendation. Use the [Letter of Recommendation Form](#), found with the application.
- Transcript (one of the following):  
Official high school transcript through the seventh semester if a 2007 high school graduate; **OR**  
Complete high school transcript if already in college with one or fewer semesters/quarters complete; **OR**  
College transcript if two or more semesters completed (high school transcript not necessary).
- Copy of Student Aid Report resulting from submitting the FAFSA
- Completed application form and essay

**Application Deadline:** Postmark by June 10<sup>th</sup>, 2008

**Scholarship Award Announced:** By July 15, 2008

**Note:** *In addition to any other terms and conditions, the number and amount of all Arizona Community Foundation scholarship awards and renewals is contingent on the availability of funding.*

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### Application Check List and Cover Sheet

*(Incomplete packets will not be considered)*

\_\_\_\_\_

Name \_\_\_\_\_

#### My application contains:

- This check list and cover sheet.
- Two letters of recommendation with the Letter of Recommendation Form.
- Transcript (one of the following):  
Official high school transcript through the seventh semester if a HS senior; **OR**  
Complete high school transcript if already in college with one or fewer semesters/quarters complete; **OR**  
College transcript if two or more semesters completed and high school transcript as evidence of Sedona residency.
- Documentation of admission to college or university (a copy of the admissions letter). NOT REQUIRED FOR CONTINUING COLLEGE STUDENTS WHO SUBMIT A TRANSCRIPT OF COLLEGE STUDIES.
- Copy of your Student Aid Report, resulting from having submitted the FAFSA.
- These completed scholarship application forms.

#### Certification and Signatures

I certify that:

- I meet the eligibility requirements for this scholarship.
- The application packet is complete.
- The information on the application is true and accurate to the best of my knowledge.
- The essay I submit is my original work.
- Furthermore, I authorize the high school or university to release academic, financial and/or other necessary information as required by the donor and/or the Arizona Community Foundation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(for students under age 18)



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Instructions: The selection of scholarship recipients is influenced by the completeness of replies. However, limit your answers to the space provided and type or print your responses using black ink. Responses may also be printed separately and pasted to the form. In all cases, **do not use a font size smaller than Times 10 point.**

## A. Applicant Information

Full Name \_\_\_\_\_ Preferred Name or Nickname \_\_\_\_\_

Gender  Female  Male Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Positions Held; Honors/Awards Won; Letters Earned; Special Recognition. Include month/year of participation

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## B. Academic Information

What Arizona college or university do you plan to attend? \_\_\_\_\_ Have you been admitted?

What is your intended career choice? \_\_\_\_\_ What is your intended major in college? \_\_\_\_\_

## C. Community Service Activity

Describe community service performed in the last three years, with dates and hours of involvement.

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## F. Essay Question

Your essay should demonstrate style, depth, and breadth of knowledge and individuality. Limit your responses to the length indicated. Essays should be printed on a separate sheet and included with the application forms. Give considerable thought to your writing as the essay is often the deciding factor in scholarship selection.

**Essay ( up to 500 words).** Why you have chosen a medical career? What do you hope to accomplish through service in this profession? What part does this scholarship have in helping you achieve your goals?



