



**IMS Marathon ~ Half Marathon ~ Walmart Relay Marathon**

***In a partnership with IMS Health Foundation***

## **Scholarship**

*Academic Rules for Application for Graduating High School Seniors*

Scholarship money may be used for a full time student for an academic two year associate or four year bachelor's college or university degree program. To renew this scholarship each year, an application must be submitted and volunteer service time completed. The Scholarship Committee reserves the right to rescind a scholarship should there be discrepancies in fulfilling application requirements.

A check will be made payable to the student and/or a parent or guardian in the awarded amount of \$500 per year for four years. These scholarship funds must be used for the recipient's college education, including but not limited to: tuition, books, registration fees and/or laboratory fees. The recipient must maintain a minimum of a 2.75 grade point average. If the recipient withdraws from school, the unused scholarship money will be returned to the IMS Health Foundation Scholarship Fund.

I hereby accept the terms and conditions of the IMS Health Foundation Scholarship Committee.

---

Student's Signature

---

Parent or Guardian if under 18 years old

Please mail the above to:  
Debra Undhjem  
14175 W. Indian School B-4 #629  
Goodyear, AZ 85395  
623-935-0322



## ACADEMIC SCHOLARSHIP RULES

Eligibility – The applicant must be a:

1. Graduating high school senior.
2. Student must have the intention of entering the medical field, and will be enrolling in an Allied Health Professional program, OR will be enrolling in a four year college or university to prepare for medical school.

Application Requirements:

1. Submit a completed IMS Health Foundation Scholarship Application.
2. Submit an official high school transcript.
3. Submit an official copy of SAT or ACT test scores if test scores are not included on transcript.
4. Submit 1 letter of recommendation
5. Submit all community service hours performed and location.
7. Complete the attached activity data sheet. If you have attended more than one high school, please list your activities from all the schools you have attended.
8. Submit a 500-word essay. See attached sheet for essay theme.

The Application Evaluation Team is made up of staff from an outside, independent group with no association with the IMS Health Foundation. The Application Evaluation Team will select the recipient based on:

1. Academic Achievement
2. SAT and/or ACT test scores
3. Extra curricular activities to include school, community, and work experience
4. Essay

**All applications should be received by March 16, 2012. Mail completed scholarship package to:**

Debra Undhjem  
14175 W. Indian School B-4 #629  
Goodyear, AZ 85395

All applicants will receive written notification of the Application Evaluation Team decisions. Their decision will be final.



## ACADEMIC SCHOLARSHIP APPLICATION

Type or print in ink. Incomplete applications will not be considered.

Date: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

(Circle One) I have (applied) (been accepted) for the school session beginning \_\_\_\_\_

Name of College or University \_\_\_\_\_ City & State \_\_\_\_\_

Degree I hope to attain: \_\_\_\_\_

Scholastic Aptitude Test Score: Reading \_\_\_\_\_ Writing \_\_\_\_\_ Mathematical \_\_\_\_\_

American College Test: Date: \_\_\_\_\_ Composite Score \_\_\_\_\_

High School from which diploma will be granted: \_\_\_\_\_

Other High Schools attended: \_\_\_\_\_

\_\_\_\_\_

Student's Signature

High School Counselor's Signature

Debra Undhjem  
Scholarship Chairman

Applicant # \_\_\_\_\_

SAT Score \_\_\_\_\_  
ACT Score \_\_\_\_\_  
GPA \_\_\_\_\_  
Class Rank \_\_\_\_\_  
Essay \_\_\_\_\_



**ACADEMIC SCHOLARSHIP ACTIVITY DATA SHEET**

Please include all grade levels in which you participated in the following activities.  
Use additional sheets if necessary.

CLUBS/SPORTS:

ACADEMIC AWARDS:

COMMUNITY SERVICE:

WORK EXPERIENCE: (Please specify if after school or summer job.)

HIGH SCHOOL ATTENDED: (Please list all the high school you have attended and what states they were in)

Applicant # \_\_\_\_\_



**Explain what has motivated your choice in considering a career in the medical , and what have you done to prepare yourself for college in this field.**