

Tamara G. (Ingram) Cummings Memorial Scholarship

The Tamara G. (Ingram) Cummings Memorial Scholarship Award is named in honor of Tamara who was an Eastern Greene 1981 Alumnus. Tamara went on to Vincennes University later in life and earned her medical coding certificate. Knowing how important the future of our youth was to Tamara, the Ingram family would like to honor her by helping a student excel in his/her education.

EGHS Scholarship committee is currently accepting applications for The Tamara G. (Ingram) Cummings Memorial Scholarship. The scholarship of $1,000 for college or post-secondary technical schooling is awarded to an Eastern Greene High School Senior pursuing a career in the fields of healthcare. Application guidelines and instructions are included in this announcement.

APPLICATION DEADLINE IS April 12, 2024.

**Incomplete applications will not be considered.**

**Emailed and Faxed applications will not be accepted, except for the video interview option on lieu of an essay.**

Page 1 of 6

**Guidelines and Instructions**

**Eligibility Requirements:** To be eligible for consideration, scholarship applicants must:

✵ Be an EGHS senior.

✵ Plan to pursue a career in the healthcare field that requires a minimum of an associate degree (such as nursing, medical coding, radiology technician, physical therapy, etc.)

✵Attend either full-time or part-time, in any Indiana accredited post-secondary institution.

✵ Be a U.S. citizen, or documented permanent resident of the U.S. Race, color, creed, or sex will not be factors in choosing the Award winner(s).

✵ Recipients will be asked to provide proof of acceptance to at least a 2 year in-person program before receiving payment of the Award.

**Application Submission Instructions:** To be eligible for consideration, scholarship applications must:

✵ Be typed (preferred) or printed in blue or black ink on only one side of the page.

✵Essays must be typewritten and clearly legible and submitted in English.

✵ In lieu of an essay, a 3–5-minute video presentation answering the essay topic may be submitted.

✵ Be submitted in hard copy. Applications received by fax or email will NOT be accepted.

✵ Be submitted in the same order as received. Applications may be paper clipped in their entirety, but please do not separate/group parts of the application by paper clipping or stapling certain sections.

✵ Include current and accurate contact information.

✵ Provide all signatures where indicated on the application.

**Application Timeline:**

April 12, 2024: Completed applications and all supporting materials.

May 2024: Scholarship award winner(s) will be notified by phone, mail or e-mail. The names and photographs of scholarship winners may be used.

**Application Checklist: Please submit application items together in a single submission. □ Fully Completed and Signed Application**

**□ One Letter of Recommendation from High School Teacher (past or present)**

**□ One Letter of Recommendation from another source (ie. employer, pastor, coach, etc.)**

**□ Essay or Video (may be emailed on or before the deadline) on Topic Provided**

Page 2 of 6

**Tamara G (Ingram) Cummings Memorial Scholarship Award Application Form**

|  |  |
| --- | --- |
| **Applicant's Full Name:** |  |
| First Middle Last |
| **Street Address:** **City, Zip Code** |  |
|  |
| **Mailing Address (if different): City, Zip Code** |  |
|  |
| **Birth Date:** |  |
| **Phone Number (Daytime):** |  |

**Email:**

**How did you hear about this**

**scholarship program?**

**Family Background**

|  |
| --- |
| **Custodial Father’s name:** |
| **Address:** |
| **Occupation:** |
| **Custodial Mother’s name:** |
| **Address:** |
| **Occupation:** |

Page 3 of 6

**Number of other family members currently attending college, at least part-time, in your household**: \_\_\_\_\_\_\_\_\_\_\_\_ **List all siblings in your household, their ages, and if they are dependent upon the family for support:**

|  |  |  |
| --- | --- | --- |
| **Name Relationship**  | **Age**  | **Dependent upon family?** |
| **Yes**  | **No** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Educational Data**

|  |  |
| --- | --- |
| **High School attending:** |  |
| **High School address:** |  |
| **Main phone number:** |  |
| **Counselor’s name:** |  |
| **Counselor’s phone number:** |  |
| **Counselor’s email address:** |  |

**To what accredited post-secondary education institutions have you applied or plan to apply?**

|  |  |  |
| --- | --- | --- |
| **Name of Institution**  | **City, State Accepted? Denied?**  | **Pending?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Anticipated major or area of study? |  |
| What is your career goal? |  |
| Do you plan to live: On campus \_\_\_\_\_\_\_ At home \_\_\_\_\_\_\_ Off campus\_\_\_\_\_\_\_ Unknown \_\_\_\_\_\_\_ |

**Have you been awarded other scholarships? Yes/No If yes, please list:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization:** **Example: Student Council** | **Description of activities:** **Fresh.** **President – conducted meetings; participated in** **coordinating homecoming parade, prom**  | **Soph.**  | **Jr.** **X** | **Sr.** **X** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Extracurricular Activities – includes clubs, sports, student associations, etc.**

**Community Service – includes non-paid service rendered in the community**

|  |  |  |
| --- | --- | --- |
| **Service/Volunteer work:** **Example: Hospital Volunteer** | **Your specific role:** **From-Thru:** **Helped in children’s ward** **10/18 – 6/19** | **Hrs/week:** **5** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Talents/Awards/Honors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Talent/Award/Honor:** **Example: Most Athletic** | **Description:** **Fresh.** **Voted as most athletic by senior class members**  | **Soph.**  | **Jr.**  | **Sr.** **X** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Employment/Internships/Summer Activities**

|  |  |  |
| --- | --- | --- |
| **Company:** **Example: Ace Insurance, Inc.** | **Your specific role/job title:** **From-Thru:** **Answered customer phone calls, filing** **05/19-03/20** | **Hrs/week:** **20** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Page 6 of 6

**ESSAY**

Applicants are required to write an essay on: “**Describe how your role in healthcare will prepare you to serve your community.**”

The Award Committee is concerned about the quality of your writing, but more importantly, about the quality of your *thinking.*

Your essay should be typed, double-spaced. It should be no more that 12-point font size and be 1-2 pages (not more than 500 words). Include your name at the top of each page.

The video presentation option should be 3-5 minutes and a business casual to professional attire worn.

**Scholarship Agreement**

I certify that the information on this application and the supporting materials are complete, factually correct, and honestly presented. I further certify that, to the best of my knowledge, I meet all eligibility criteria noted above and understand the scholarship is contingent upon the following items:

● I must attend an accredited post-secondary institution in Indiana.

● I agree to the releasing of high school transcripts and requested information. Furthermore, my name and photograph may be used by Eastern Greene High School for public relations purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date