

## TAMMY SAVAGE SCHOLARSHIP APPLICATION

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

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

Street Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Application Requirements:

- Completed DEC Enrollment Application
- Completed Tammy Savage Scholarship Application
- An essay answering the following: 1. How an education in the medical field will change my life: and 2. My educational and professional goals are:
- Two letters of reference including telephone contact information

### Program enrolled:

- Medical Assistant Program

### SUBMIT APPLICATIONS TO:

Douglas Education Center c/o Tammy Savage Scholarship Committee, 130 7th Street Monessen, PA 15062





- The Scholarship Committee shall consist of one (1) administrative staff members of Douglas Education Center, not affiliated with the enrollment or financial aid processes, at least one (1) member of the medical faculty and final review will be done by Tammy Savage or her representative of choice. Review of the applications shall take no longer than two (2) weeks of the deadline dates.
- The recipient of the scholarship will be contacted with the decision and will need to accept or decline the award within ten (10) days of the offer.
- Applicants may not use a submission from a prior semester for a future application. You must submit a new application for each term for which you are applying.
- Scholarship conditions apply to all applicants and recipients, and are listed in the school catalog.
- The scholarship recipient is highly encouraged to write a letter of thanks to Tammy Savage, c/o Douglas Education Center.