

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
- Medical Billing and Coding Program

SUBMIT APPLICATIONS TO:

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