

## E. L. GIBSON FOUNDATION SCHOLARSHIPS

Are Awarded On A Competitive Basis

Important Note: Pre-med, optometry, pharmacy, veterinary medicine and dentistry are not funded areas of study.

To be eligible for consideration, an applicant **MUST** provide ALL of this information listed below:

### First Time Applicants

1. Counselor notification of enrollment into a pre-nursing program (ESCC ONLY).
2. PROOF OF ENROLLMENT into an appropriate health-related area of study. A PRINTOUT OF CURRENT CLASS SCHEDULE SIGNED BY COUNSELOR OR COPY OF RECEIPT OF TUITION / FEES PAID.  
Note: A letter of acceptance into a particular field of study is not acceptable as proof.
3. Complete scholarship application (reverse side of this form).
4. An official high school transcript or GED, AND / OR;
5. An official transcript from EACH college or university attended (if applicable).
6. Two letters of recommendation addressed to: Dr. Tim Alford, E.L. Gibson Foundation, Enterprise, AL **but mailed (along with all application materials) to the address listed below.**
  - (1) A letter from a health-care professional who can address your commitment to a health-related career.
  - (2) A letter from anyone who knows you and can attest to your character, abilities and qualifications.
7. Personal summary: A brief description of what you plan to study, where you plan to study, career goals, and any other pertinent information you wish to include that is not in the application.
8. Proof of 2 yrs residency in the county for which the scholarship is designated (utility receipts, legal papers, or other legally acceptable means of establishing residency).
9. Statement of financial need: A brief narrative description of available financial resources and your need for assistance (more detailed information and verification may be required in certain circumstances).

### For Renewals Only

1. A letter to the Board (above address) asking for a renewal of your scholarship. Within this letter, include a brief progress report on your studies.
2. A transcript of your previous year's work showing 18 quarter / 12 semester credit hours completed.

SEND APPLICATION AND ALL RELATED MATERIALS TO:

Susan Steck, Associate Dean  
Institutional Advancement  
Enterprise State Community College  
P.O. Box 1300  
Enterprise, AL 36331  
(334) 347-2623, ext. 2226

NOTE: Scholarships are awarded by E.L. Gibson Foundation Board of Directors. Amounts awarded: \$650 to junior or community colleges, \$750 to universities and \$1,250 to medical students.

Application Deadline:

If your application is incomplete it may not be considered by the board.

Enterprise State Community College serves only as a clearing house for E.L. Gibson applications. For those students who are attending ESCC - read the following statement.

It is the official policy of the Alabama State Department of Education and Enterprise State Community College that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity or employment. Enterprise State Community College complies with nondiscriminatory regulations under Title VI and Title VII of the Civil Rights Act of 1964; Title IX Educational Amendment of 1972; and Section 504 of the Rehabilitation Act of 1973.

**E. L. GIBSON FOUNDATION SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

(Street)

(City)

(State)

(ZIP)

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Birthdate \_\_\_\_\_ High School Graduation Date \_\_\_\_\_

Career Field or Course of Study \_\_\_\_\_

College You Are Attending \_\_\_\_\_

(Proof of Enrollment Required - see #2 on back)

**SCHOOLS ATTENDED** (An official transcript from each school attended must accompany this application.)

(Begin with High School)

Dates Attended

Diploma/Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Class Rank \_\_\_\_\_ Number in graduating class \_\_\_\_\_ ACT/SAT Composite Score \_\_\_\_\_  
(If currently a high school student) (if recorded)

GED Score \_\_\_\_\_

**LIST ONLY THREE OF YOUR ACCOMPLISHMENTS. THESE MAY INCLUDE HONORS, AWARDS, LEADERSHIP POSITIONS, JOBS, OR OTHER ACTIVITIES.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I certify that the information reported on this form, to the best of my knowledge, is true, correct and complete and that Enterprise State Community College has my permission to verify the information reported.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE SEE REVERSE SIDE OF THIS FORM FOR  
A LISTING OF REQUIRED DOCUMENTS**