

PLEASE RETURN ALL COMPLETED APPLICATIONS TO THE  
LCMA SCHOLARSHIP COMMITTEE BY:

**MARCH 19, 2010**

AT THIS ADDRESS:

LCMA SCHOLARSHIP COMMITTEE  
Jennifer Scerbo, Chairperson  
11685 Gate Post Lane  
Chardon, Ohio 44024

**The following attachments should accompany the application:**

1. Transcript of grades, including most current class standing; and  
a copy of current first semester grade report
2. Letter of recommendation
3. Legibly written or typed autobiographical paragraph done by applicant
4. Written verification from college of acceptance into a health-related  
department

## **Carla M. Stallworth, M.D. Scholarship Guidelines**

### **ELIGIBILITY:**

1. Must be an ongoing Lake Health System employee.
2. Must be attending an accredited college/university/continuing educational program for the study of health related field on the undergraduate or graduate level.
3. Students must be enrolled and attending school within six months of granting of the scholarship or as agreed upon.
4. Should a recipient find he/she is unable to use this scholarship during the current year, he/she must forfeit all right to it.
5. Applicant must agree to continue employment at Lake Health Systems for the equivalent of one calendar year (2,080 hours) after receiving grant.
6. The application must be complete and on time to be considered.

### **CRITERIA FOR SELECTION:**

1. Acceptance into an accredited college/university or continuing educational program for health related studies.
2. Signed recommendation from applicant's hospital department head discussing applicant's abilities, character, and the relevance of the academic program to health care.

### **REQUIRED ATTACHMENTS:**

1. Signed Letter of Recommendation (see #2 in CRITERIA section) discussing applicant's abilities, character, and the relevance of the academic program to health care.
2. A paragraph by applicant stating his / her goals, and any other information the applicant wishes the committee to consider.
3. Written verification from the educational facility of active and current acceptance into a health-related department.

Completed application with all the required attachments must be received at the address below on or before **MARCH 19, 2010**.

#### **LAKE COUNTY MEDICAL ALLIANCE SCHOLARSHIP COMMITTEE**

Jennifer Scerbo, Chairperson  
11685 Gate Post Lane  
Chardon, Ohio 44024



**EMPLOYMENT HISTORY**

Name of Department: \_\_\_\_\_ Position held: \_\_\_\_\_

Name of Department Head: \_\_\_\_\_ Length of applicant's employment at LHS: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

**OTHER PERSONAL INFORMATION**

Please list (name of professional organizations and volunteer work, offices held, length of time of service):  
(May continue on back of sheet if necessary.) \_\_\_\_\_

School and community activities/volunteer work: \_\_\_\_\_

Special honors, prizes, recognitions received while attending school or in the workplace: \_\_\_\_\_

Hobbies/interests \_\_\_\_\_

**PLEASE READ, SIGN, AND DATE**

The Carla M. Stallworth, M.D. Scholarship guidelines are enclosed with this application form. By signing, the undersigned acknowledges receipt of the guidelines and agrees to abide by such. The undersigned also agrees to waive all personal claims, causes of action, or damages against the Lake County Medical Alliance, its board members, officers, and associates thereof, arising from or growing out of their participation in the LCMA Scholarship program. In addition, the undersigned agrees to allow his/her name to be used for publicity purposes should he/she be awarded a scholarship. The Lake County Medical Alliance Scholarship Committee retains sole discretion for the administration and rewarding of the Carla M. Stallworth, M.D. Scholarship.

My signature certifies that I have read, understand, and agree to the terms and conditions of this application and that all information provided on this application is correct. I also understand that said information is regarded as confidential and for the exclusive use of the LCMA Scholarship Committee for the purpose of determining scholarship awards.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_