

The Rick & Sherry Murray Medical Futures Scholarship

Application Deadline: Monday, July 8, 2024, at 3:00 PM (Late submissions will not be accepted.)



The Rick & Sherry Murray Medical Futures Scholarship is for students who have or have had a close family member such as spouse, parent or guardian, child or grandparent diagnosed with ALS, and who want to pursue a degree in the medical field because of their experience.

ELIGIBILITY GUIDELINES

Applicants to *The Rick & Sherry Murray Medical Futures Scholarship* must be:

- A close relative of a person who has been diagnosed with ALS. (Families of every tradition will be considered.)
- A legal resident of Florida.
- Currently majoring in any medically related or social work degree or attending any medically related certification program.
- Any age of student may apply - scholarships are not restricted to graduating high school seniors, high school graduates or current undergraduates.
- Applicants must attend or be accepted to school full-time (as defined by the educational institution) at an accredited two-year or four-year college or university, or vocational-technical school located in the U.S.

SCHOLARSHIP DESCRIPTION

- One or more scholarships are awarded annually for program tuition only (award not to exceed balance due for a single semester's tuition). Combined total scholarship funding is \$8000.
- Funds may be used for in- or out-of-state schools.
- Funds must be used for a college or technical program that is a medically related or social work degree or certificate.
- Funds must only be used for payment of tuition, not including payment of fees.
- Students must have a minimum overall grade point average of 2.5 on a 4.0 scale (or the equivalent).
- Funds must be paid to an institution or corporation, not to an individual.
- Award recipients may reapply each year until they have received \$8000 total.

AWARDS

- All scholarships are awarded on an objective and non-discriminatory basis.

TO APPLY

Interested students must complete an application and submit it by mail or email along with a current, complete official transcript of grades (grade reports are not acceptable; on-line official transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken), a 500-word essay describing how the student's experience with ALS has impacted him/her and his/her decision to enter the medical field, and two (2) letters of recommendation. Other requirements are listed on the application. Scholarships are awarded based on fund availability. Application deadline is Monday, July 8, 2024, at 3:00 PM. Late submissions will not be accepted.

SELECTION OF RECIPIENTS

Scholarship finalists are selected based on eligibility and completed application. Selection of recipient(s) is made by the ALS Association Scholarship Selection Committee based on strength of application, including academic record, demonstrated leadership, and community involvement.

The Selection Committee is comprised of at least four (4) independent committee members. At least one committee member will be employed by The ALS Association and will act as a non-voting liaison between the Association and the committee.

Applicants will be notified whether or not they are finalists and recipients. Not all finalists will be selected as recipients. Finalists may be interviewed prior to a recipient being chosen. More than one recipient is chosen if a first-place recipient's tuition is less than the full scholarship funding.

PAYMENT

Tuition check will be made out to the school which the student is attending and mailed to the student.

REVISIONS

The Rick & Sherry Murray Medical Futures Scholarship Fund reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time, including termination of the program.

CONTACT

The ALS Association, Jackie Kouri-Mathews, Selection Committee Staff Liaison
at jackie.kouri-mathews@als.org or 1-813-497-4502.

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APPLICANT INFORMATION:

NAME _____

MAILING ADDRESS _____

CITY/ST/ZIP _____

PHONE _____ EMAIL _____

NAME OF RELATIVE WITH ALS _____

RELATIONSHIP TO RELATIVE _____

EDUCATIONAL INSTITUTION ENTERING: (where applicant will be pursuing medical or social work degree or certificate)

SCHOOL _____

YEARS ATTENDED _____ MAJOR _____

EXPECTED GRADUATION DATE _____

NUMBER OF CREDIT HOURS REGISTERED FOR IN THE UPCOMING SEMESTER _____

Following, use additional sheet(s) as necessary to include demonstrated leadership and community involvement.

HONORS RECEIVED and/or EXTRACURRICULAR ACTIVITIES

BRIEF STATEMENT ABOUT LONG- AND SHORT-TERM MEDICAL CAREER GOALS

PLEASE ATTACH:

- A 500-WORD ESSAY DESCRIBING HOW YOUR EXPERIENCE WITH ALS HAS IMPACTED YOU AND YOUR DECISION TO ENTER A MEDICAL FIELD
- TWO (2) LETTERS OF RECOMMENDATION
- OFFICIAL, CURRENT, COMPLETE TRANSCRIPT OF GRADES (THROUGH SPRING SEMESTER 2024)
- PROOF OF FAMILY MEMBER'S ALS DIAGNOSIS (DOCTOR'S LETTER OR CHAPTER REGISTRATION)
- DOCUMENTATION OF FULL-TIME STATUS, AS DEFINED BY EDUCATIONAL INSTITUTION
- COPY OF SCHEDULE OF TUITION PAYMENTS AND TUITION BILL (FOR APPLIED SEMESTER)
- COPY OF DRIVER'S LICENSE

AGREEMENT:

- ALL OF THE ABOVE INFORMATION IS CORRECT.
- IF I AM AWARDED FUNDS FROM *THE RICK & SHERRY MURRAY MEDICAL FUTURES SCHOLARSHIP*, IT IS MY INTENTION TO PURSUE A DEGREE IN A MEDICAL PROFESSION.
- I AM A U.S. CITIZEN*.

*THE CHAPTER WILL ENSURE THAT ANY NON-U.S. CITIZEN IS NOT ON A PUBLISHED "SPECIFICALLY DESIGNATED NATIONALS" TERRORISM WATCH LIST.

APPLICANT SIGNATURE _____

DATE _____

PLEASE EMAIL ALL DOCUMENTS TO:

jackie.kouri-mathews@als.org

THE ALS ASSOCIATION, ATTN: *THE RICK & SHERRY MURRAY MEDICAL FUTURES SCHOLARSHIP FUND*

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