



Dr. Bruce Ashley Legacy 2025 Scholarship Application

Criteria: Applicant must be a resident of Adams County and enrolled in a regionally accredited institution of higher education pursuing a career in a health care profession. The scholarship can be applied towards tuition, textbooks, and other college fees. The \$1,000 scholarship award will be made payable to the scholarship awardee upon proof of enrollment. Applications shall be returned to the ACMF, P.O. Box 40, Winchester, Ohio 45697. Deadline is February 1, 2025.

Applicant Information:

Last Name: _____ First Name: _____ M.I.: _____

Phone: _____ Email: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

College/University enrolled: _____ Academic Program: _____

I am currently a high school student ____ Yes ____ No

Employment History:

Present Employer: _____ Employment Date: _____

Previous Employer: _____ Employment Dates: _____

Community Service Activities: Attach list related community activities/offices held (limit to the top 20).

Personal Statement: Provide a statement about your career goals, background, or any information that would assist the selection committee in considering your candidacy.

Supporting Documentation: Provide letters of recommendation from current supervisor, guidance counselor, professor, and/or community leader along with college and/or high school transcript(s).

Certification: I authorize the release of all information to the Foundation Scholarship Committee. If I am awarded a scholarship, I agree to abide by all conditions of the scholarship and I give permission to the Adams County Medical Foundation, Inc. to use my information in publicity materials.

Signature: _____

Date: _____

Adams County Medical Foundation, Inc. does not discriminate against applicants on the basis of race, color, religion, age, sex, marital status, veteran status, national origin, ancestry, citizenship, gender identity, sexual orientation, or disability.