

Please place a check before each scholarship you would like to apply for:

Check	Scholarship	Amount	Comments
	Adams County Medical Foundation	\$1,000	
	Rural Health Collaborative	\$1,000	
	Dr Francis Stevens	\$1,000	
	Dr Bruce Ashley Legacy	\$1,000	
	Dr Dale Mathias	\$1,000	High School Senior only
	Esther Moore Chandler	\$5,000	

**Criteria:** Applicant must be a resident of Adams County or Brown County and enrolled in a regionally accredited institution of higher education pursuing a career in a health care profession. The scholarship may be applied towards tuition, textbooks, and other college fees. The scholarship award will be made payable to the scholarship awardees upon proof of enrollment. Applications may be mailed to ACMF, P.O. Box 40, Winchester, Ohio 45697 or emailed to cherish.williams@acmedicalfoundation.org . Application deadline is March 1, 2026.

**Applicant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am currently in: \_\_ High School \_\_ College Credit Plus \_\_ College \_\_\_\_\_

College/University attending in 2026/2027 \_\_\_\_\_

Academic Program: \_\_\_\_\_

**Employment History:**

Present Employer: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

**Community Service Activities:** Attach list related community activities/offices held within the last 2 years (limit to the top 10).

**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).
- Acceptance letter from college or university.

**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.*