2017 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

The Award

Dr. David B. Allman was a past president of the Miss America Organization and the American Medical Association. In memory of her husband, Mrs. Allman established a scholarship foundation to be administered by The Miss America Foundation for the grant of scholarships to Miss America contestants who wished to enter the field of medicine to become medical doctors. At her death in 1981, Mrs. Allman further funded this foundation so that young women involved in the program could take advantage of this opportunity to further or commence their education in the medical field.

Since 1974, Allman Scholarships have been granted to various Miss America contestants at the National, State and Local level. From time to time, The Miss America Foundation has also contributed funds to increase the scholarships available.

Guidelines for Grant

Allman Scholarships will be granted if there are qualified applicants, to those women in the Miss America system who meet the requirements for grant of scholarships. This scholarship is available to women who have competed within the system on the State, Local or National level from 2007 to present regardless of whether a title was won. The Scholarship Committee will award the income of the Foundation, earned during the preceding year for the scholarship award. The Committee members will review all applications for scholarships and will award one or more scholarships per year depending upon the qualifications of applicants.

A new application must be submitted each year and previous recipients are also eligible to apply.

Applicants will be considered for the award based upon a combination of factors including, but not limited to, grade point average (high school and college/university), class rank, MCAT score, extra-curricular activities, financial aid requirements, household income and level of participation within the system.

Any information missing from the submission list will render the application ineligible.
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Instructions

All Applications MUST be typed or computer generated for consideration.

Applications must be received by June 30, 2017 to be considered.

Please make sure you have all your information before you apply. We cannot accept an incomplete application under any circumstance. Applications received after the June 30th deadline will be rejected and a new application must be submitted after January 1st of the following year.

Applicants will be notified by the end of August whether they have been selected as a scholarship recipient. Scholarship winners will receive a letter in regards to potential tax implications of this award. Scholarship winners are encouraged to discuss inclusion of the scholarship in their income with their tax preparer.

Disbursement of funds will follow the Scholarship Rules & Regulations of The Miss America Foundation.

Please email Jamillah Hamilton at jamillah@missamerica.org if you have any questions.
2017 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP
APPLICATION

FULL NAME: ____________________________________________

CURRENT ADDRESS: _______________________________________

PHONE NUMBER: _________________________________________

SOCIAL SECURITY NUMBER: _________________________________

PARENTS/SPOUSE OCCUPATION: _______________________________

NAMES, AGES AND CURRENT EDUCATIONAL STATUS OF YOUR SIBLINGS/CHILDREN: _______________________________________

Please list all Competitions in the Miss America system in which you competed, and the result (winner, runner-up, not in Top Ten, etc.):

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<th>PAGEANT NAME</th>
<th>RESULT</th>
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THE MISS AMERICA FOUNDATION
WWW.MISSAMERICAFOUNDATION.ORG
2017 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

EDUCATION

HIGH SCHOOL:

Name of High School: ____________________________________________________________

Years Attended: ________________________________________________________________

Grade Point Average: ____________________________________________________________

List Clubs/Sports/Extracurricular Activities:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Honors:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

COLLEGE/UNIVERSITY:

Name of College/University: _____________________________________________________

Major field of study: _____________________________________________________________

Years attended: ________________________________________________________________

Did you graduate? Yes: ________ No: ________

If so, list diploma or degree: ____________________________________________________

Cumulative Grade Point Average: ______________________________________________

What is your major? _____________________________________________________________

What is your minor? _____________________________________________________________

THE MISS AMERICA FOUNDATION
WWW MISSAMERICAFOUNDATION ORG
What Pre-Med courses have you taken or are presently enrolled?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

List Clubs/Sports/Extracurricular Activities:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Honors:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

GRADUATE/ MEDICAL SCHOOL:

Name of Graduate/Medical School: _____________________________________________________________

Years attended:____________________________________________________________________________

Did you graduate? Yes: ________ No: ________

If so, list diploma or degree: ________________________________________________________________

What degree are you pursuing? ________________________________________________________________

Have you taken the MCAT examination? ________________________________________________________

If so, list your scores: ______________________________________________________________________

If you have not taken the MCAT, do you intend to take it? _________________________________________

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FINANCIAL INFORMATION

1. Annual income - applicant ________________________________________________________________
   *Attach most recent W-2 form

2. Household income - parents/spouse__________________________________________
   *Attach most recent W-2 form

3. Total outstanding student loans as of this fall ________________________________

4. Based upon the medical school you plan to attend, list below the approximate expenses:
   a. Annual tuition __________________________
   b. Room and Board (if applicable) ____________
   c. Books and supplies _________________________
   d. Total annual cost _________________________

5. List below the sources of income you anticipate to meet these expenses:
   a. Savings and cash on hand ______________________
   b. Earnings expected this summer __________________
   c. Earnings expected at school _____________________
   d. Financial assistance from parents __________________
   e. Other scholarships __________________________
   f. Other assistance ____________________________
   g. Total annual expected income ____________________
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FINANCIAL INFORMATION

6. Family Status:
   a. Number of dependent children in parent’s household: __________
   b. Number of other family members attending college: __________
   c. Name of School: __________________________________________
   d. Year: ___________________________________________________
   e. Total annual cost: _________________________________________

CERTIFICATION OF APPLICANT

I certify that the foregoing facts set forth in this application are true and complete. I understand that if any statements contained herein are false, I will not be considered for a scholarship or, if such a scholarship has been granted, that it is subject to forfeiture. I further authorize and give permission to The Miss America Foundation, the Scholarship Committee or their duly authorized representatives to investigate the statements contained in this application, to contact any person or institution named herein, and to request any information it may desire with respect thereto.

__________________________________________
Applicant                     Date

__________________________________________
Witness                      Date
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Please attach the following and submit to the Miss America Organization office:

The Miss America Foundation  
1432 K Street, NW  
Suite 900  
Washington, DC 20005  
Attn: Jamillah Hamilton

1. Completed typed or computer generated application.

2. Transcript from your College/University through the most recent semester you completed showing your grade point average.

3. High School transcript and letter of acceptance from University if you have applied, been accepted, but are not yet attending.

4. An essay of not more than 500 words discussing why you wish to become a medical doctor and how the Allman Scholarship can help you to attain this goal.

5. Financial Information sheet. The information requested will help the committee determine your financial status and need.

6. FASFA Form

7. You may also provide a copy of the most recent financial aid application filed on your behalf with the university/college or graduate school.

8. Please attach two letters of reference including names, addresses and telephone numbers from non-relatives that are familiar with your goals and ambitions.

All applications must be complete, typed or computer generated and submitted with all information attached to be eligible.

Any information missing from the submission list will render the application ineligible.