

## **DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP - 2009**

### 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, during her lifetime, established a scholarship foundation to be administered by the Miss America Organization 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 System 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 Organization has contributed funds to raise the scholarships available.

### Guidelines for Grant

Allman Scholarships will be granted annually, 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 1999 to present regardless of whether a title was won. The Scholarship Committee will award the income of the Foundation, earned during the preceding year, as scholarships. 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 may 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 unacceptable.**

**DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP - 2009**  
**Procedure - 2009**

**All Applications MUST be typed or computer generated for consideration.**

Applications must be received by June 30th in order to be given favorable consideration.

Please make sure you have all your information before you apply. We will not accept an incomplete application under any circumstances. Applications received after June 30<sup>th</sup> 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 Organization.

Please call Doreen Gordon at (609) 653-8700 extension 127 if you have any questions.

APPLICATION - 2009

DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

FULL NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PARENTS/SPOUSES 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.)

	<u>DATE</u>	<u>PAGEANT NAME</u>	<u>RESULT</u>
<u>NATIONAL</u>			
<u>STATE</u>			
<u>LOCAL</u>			

**DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP  
EDUCATION - 2009**

**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: \_\_\_\_\_

**DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP**  
**EDUCATION - 2009**

What Pre-Med courses have you taken or are presently enrolled in?

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List Clubs/Sports/Extracurricular Activities: \_\_\_\_\_

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Honors: \_\_\_\_\_

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**GRADUATE/ MEDICALSCHOOL:**

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? \_\_\_\_\_

**DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP**  
**FINANCIAL INFORMATION - 2009**

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 \_\_\_\_\_

**DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP  
FINANCIAL INFORMATION - 2009**

6. Family Status:

- a. Number of dependent children in parent's household: \_\_\_\_\_
- b. Number of other family members attending college: \_\_\_\_\_
- b. Name of School: \_\_\_\_\_
- c. Year: \_\_\_\_\_
- d. 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 Organization, 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 desires with respect thereto.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

## DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

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

Miss America Organization  
222 New Road, Suite 700  
Linwood, New Jersey 08221  
Attention: Doreen Gordon

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