

Requirements for The Dr. Gant Scholarship Program

Purpose: To provide financial assistance for further education at a 4-year university, junior/community college or vocational/training school. This scholarship is available to current patients of Pearland Pediatrics and Sports Medicine who have been a patient for a minimum of 3 years.

Amount awarded: Amount of scholarship to be determined with the money applied to the fall semester. Monies will be sent directly to recipient's school on his/her behalf.

Procedure: The committee will screen applications. Interviews may be arranged if necessary.

Eligibility: To be eligible for this scholarship, the applicant must meet the following requirements:

1. A current patient of Pearland Pediatrics & Sports Medicine & have been a patient at the practice for a minimum of 3 years (Current patient means the applicant has been seen in the office in the last 3 years).
2. Up to date on his/her well visit (Up to date means the applicant has had a well visit within the last 365 days or has it scheduled.)
3. Graduating high school, the spring/summer semester at time of application and plan to enroll in college/trade school during the 2023-2024 academic year.

Applicant Requirements:

1. Scholarship Application including Essay
2. Two letters of recommendations: One must document your community service and the second your extracurricular activities. (Letters of recommendation should be from teachers and/or adults to whom you are not related to.)
3. Copy of high school transcript
4. Due by 5pm Friday 3/1/24
5. Incomplete or late applications will not be considered; remember to make a copy of the application for your records

Recipient Requirements: If you are awarded the scholarship, you must:

1. Supply Pearland Pediatrics & Sports Medicine with school info – funds will be sent directly to recipient's school on his/her behalf
2. Be willing and available for a photo op at Pearland Pediatrics & Sports Medicine and names will be used to promote the Dr. Gant Scholarship Program.

For more information, contact us at 281-485-9990 or students@pearlandpediatrics.com.

Mail, drop off or email this application to:

Pearland Pediatrics & Sports Medicine
2017 E. Broadway St.
Pearland, TX 77581
Attn: Dr. Gant Scholarship

Email: students@pearlandpediatrics.com

Application for *Pearland Pediatrics & Sports Medicine* *Scholarship: In Honor of Dr. Deborah Gant*

EVERY QUESTION MUST BE ANSWERED FULLY. If the answer is "None" or "N/A", it should be so stated by applicant. Neatness, brevity, and legibility are desirable.

Date: _____

GENERAL INFORMATION

Applicant Name _____ Gender: ☐ Male ☐ Female
Last First Middle

Email Address: _____

Date of birth: Month _____ Day _____ Year _____

Mailing Address: _____
Number & Street City State ZIP Code

Physical Address if Different: _____
Number & Street City State ZIP Code

Best Phone Number: _____ Alternative Phone Number: _____

School presently attending: _____
Name of School

Will graduate in _____ GPA: _____ on a _____ scale
Month Year

What year did you become a patient of Pearland Pediatrics: _____

	Father's Information	Mother's Information
Name:		
Occupation:		
Employer:		

EXTRA CURRICULAR ACTIVITIES/COMMUNITY SERVICE

List any organization for which you performed community service in the past four years, the dates of such service, number of hours, and the nature of the service.

Organization	Dates of Service	# of Hours Worked	Type of Service

List any clubs, organizations, athletic teams, etc in which you held a leadership position in the past four years. Indicate the dates participated, the role or position held and any special recognitions received.

Club/Team/Organization	Dates Participated	Role/Position	Special Recognition/ Honors/Awards

Please list any academic honors or distinctions that you have earned in the last four years:

Recognition/Award	Date Earned

Please list any work experience you have had in the past four years along with dates employed and the title or position held.

Place of Employment	Dates Employed	Title/Position

COLLEGES/TRADE SCHOOLS

Please list below the names of colleges/trade schools you have applied to and indicate whether you have been accepted into the college/trade school and which one you have committed to.

Name of College/Trade School	Has the College/ Trade School Accepted You? (Yes or No)	Have You Committed to College/Trade School?	Please Rank Your Colleges/Trade Schools in Order of Preference (1 being your top choice)

What is your projected major field of study? _____

SPECIAL CIRCUMSTANCES

Please describe and explain any special circumstances that you believe should be taken into consideration when the scholarship committee reviews your application.

ESSAY

Please select one essay question below to answer in 500 words or less. Please type your essay in Ariel, size 12 font, and double spaced.

1. Tell how you live or have demonstrated one of Pearland Pediatrics core values in your life-Excellence, Accountability, Respect and Service.
2. At Pearland Pediatrics, we hold high the act of service. We feel even one small act of service can make a big impact. In your own words, please describe what service to others means to you. Provide an example of how you have served others and the impact it had on you.
3. Dr. Gant values reading. She says reading opens the door to learning and exploring. Please tell us what your favorite book is you have read and how it has impacted you.

Please Read Carefully Before Signing:

The following items must be submitted with this application; do not send these items separately:

- The application
- Essay
- Two letters of recommendations: One must document your community service and the second your extracurricular activities. (Letters of recommendation should be from teachers and/or adults to whom you are not related to.)
- A certified transcript of high school. If home schooled, please submit a notarized home-schooled grade transcript signed by the parent or guardian.

I hereby certify that the applicable items above are attached to this application. Incomplete applications will not be considered.

Signature of Applicant: _____ Date: _____

Statement of Applicant's Parent or Guardian

I have checked this form for omissions and errors. To the best of my knowledge, the information reported is complete and correct.

Signature of Parent or Guardian: _____ Date: _____

Mail, drop off or email this application to:

Pearland Pediatrics & Sports Medicine
2017 E. Broadway St.
Pearland, TX 77581
Attn: Dr. Gant Scholarship

Email: students@pearlandpediatrics.com