



2015-16 Scholarship Program for Graduate Students Guidelines

The James M. & Erma T. Freemont Foundation announces the 2015-16 **Freemont Scholarship Awards Program**.

Program Guidelines & Priorities:

- * Seeking graduate students with a record of leadership and volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- * Applicants must be accepted or enrolled in an accredited graduate degree program in the United States for the Fall 2015/Spring 2016 academic year (enrollment must begin in the Fall).
- * Applicants must have a minimum GPA of 3.0 (on a 4.0 scale)
- * Applicant must be a United States Citizen
- * Graduate student must apply to and be accepted into a graduate school by July 1, 2015.
- * Applicants must be pursuing a graduate degree in the Health and Medical Sciences with the intention of pursuing that discipline as a career.
- * Scholarship funds will be paid **in July or August 2015 for the Fall semester directly to the college** and not to the student. It will be the student's responsibility to submit to the Foundation at that time an invoice for the first semester's proof of enrollment: tuition and fees, student ID number and college information.
- * Applicants must submit two letters of recommendation: professor, counselor, or administrator and one from a community member or officer of an organization in which the applicant is affiliated.
- * Applications must be postmarked **February 2, 2015**. Late applications are not accepted.

Mail completed typed application package to:

Freemont Foundation Scholarship Committee
P.O. Box 82563
Hapeville, GA 30344

The scholarships will be awarded in April 2015.

Applications may be downloaded from the Freemont Foundation's website at www.FreemontFoundation.com

Please submit any questions to: info@FreemontFoundation.com



— James M. & Erma T. —
Freemont Foundation

GRADUATE STUDENT SCHOLARSHIP APPLICATION 2015-16

Please type your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: () _____ Email Address: _____
4.	Date of Birth: Month Day Year Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.
7.	Name and location of graduate school attending: Name and location of undergraduate school you attended:
8.	(If your resume or activities sheet answers question 8, please attach and skip to Question 9.) A. List any academic honors, awards and membership activities while in college: B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: C. List your non-school sponsored volunteer activities in the community:
9.	List your field of study: Anticipated date of graduation: What degree are you seeking?

10. On a separate sheet please write an essay (300-350 words) answering the questions below:

“Why I am Choosing the Health or Medical Sciences as a Career”



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Freemont Foundation

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture will be required/taken and used to promote the Foundation's scholarship program. I understand that if chosen as a finalist, an interview may be requested.

I hereby understand that if chosen as a scholarship winner, according to James M. & Erma T. Freemont Foundation Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution by July 15, 2015.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

Checklist

- Application
- Essay
- Resume/Activity Sheet
- School Transcript (most recent) - 2 copies

Please place your name on all materials. Do not staple items together.

MAIL COMPLETE APPLICATION PACKAGE TO THE FOUNDATION AT:
James M. & Erma T. Freemont Foundation Scholarship Committee
P.O. Box 82563
Hapeville, GA 30354

REMINDER:
The application must be postmarked by
February 2, 2015 NO EXCEPTIONS!