

DAVID AND ROSE PINCKNEY MEDICAL SCHOLARSHIP

DESCRIPTION

The David and Rose Pinckney Medical Scholarship is a highly selective, scholarship for exceptional, Lincoln University students who have been accepted to American University of Integrative Sciences. Beginning Fall 2018, the scholarship will be awarded to three (3) AUIS students who have completed their undergraduate work at Lincoln University each semester with the intent that scholarship recipients who graduate address the deficiency of health care in the underserved communities.

AWARD(S) ^{i iii}

The First Place recipient will receive funding for the full cost of attendance for (Basic Sciences) years 1 and 2.
The Second Place recipient will receive 50% tuition assistance for the full cost of (Basic Sciences) years 1 and 2.
The Third Place recipient will receive 25% tuition assistance for the full cost of (Basic Sciences) years 1 and 2.

All recipients will receive 10% tuition assistance for (Clinical Sciences) years 3 and 4.ⁱⁱⁱ

BASIC ELIGIBILITY

To apply, students must be:

- ☐ AUIS Semester 1 applicants that meets all AUIS admissions prerequisite criteria.
- ☐ A current enrolled student or recent graduate (no more than 1 year from scholarship application) of Lincoln University.
- ☐ A US citizen or permanent resident (exceptions made on a case to case basis)
- ☐ A minimum cumulative weighted GPA of 3.3 on a 4.0 scale while attending Lincoln University^{iv}

Additionally, a student must plan to enroll full-time, in the four-year Medicine program at American University of Integrative Sciences.

IDEAL CANDIDATE

An ideal candidate will have:

- ☐ An outstanding academic record (as evidenced by two (2) letters of reference from their Lincoln University professors).
- ☐ Demonstrated leadership ability (e.g., as shown through participation in community service, extracurricular, or other activities).
- ☐ Exceptional personal success skills (e.g., emotional maturity, motivation, perseverance, etc.).
- ☐ A desire to serve humanity through the practice of medicine (as evidenced by a prepared essay).

APPLICATION REQUIREMENTS

A complete scholarship application includes the following items:

- Completed Scholarship Application
- Sealed “official” copy of Lincoln University transcripts.
- Two (2) signed original letters of recommendation from Lincoln University professors.
- A resume which lists your educational, employment, and extracurricular achievements.
- A type written five hundred (500) word essay in response to the following question:
 - o As a physician, how will you help to serve the need for health care in an underserved community?

Completed applications should be sent in one (1) envelope to:

AUIS
4953 Presidents Way
Tucker, GA 30084
Attn: Scholarship Office

APPLICATION TIMELINE AND IMPORTANT DATES

- | | |
|--|-------------------------------------|
| □ 120 days before next semester start | Application Process Opens |
| □ 45 days before the next semester start | Application Deadline Closes |
| □ 30 days before next semester start | Scholarship Recipients are Notified |
| □ January, May, September | Semester Starts |

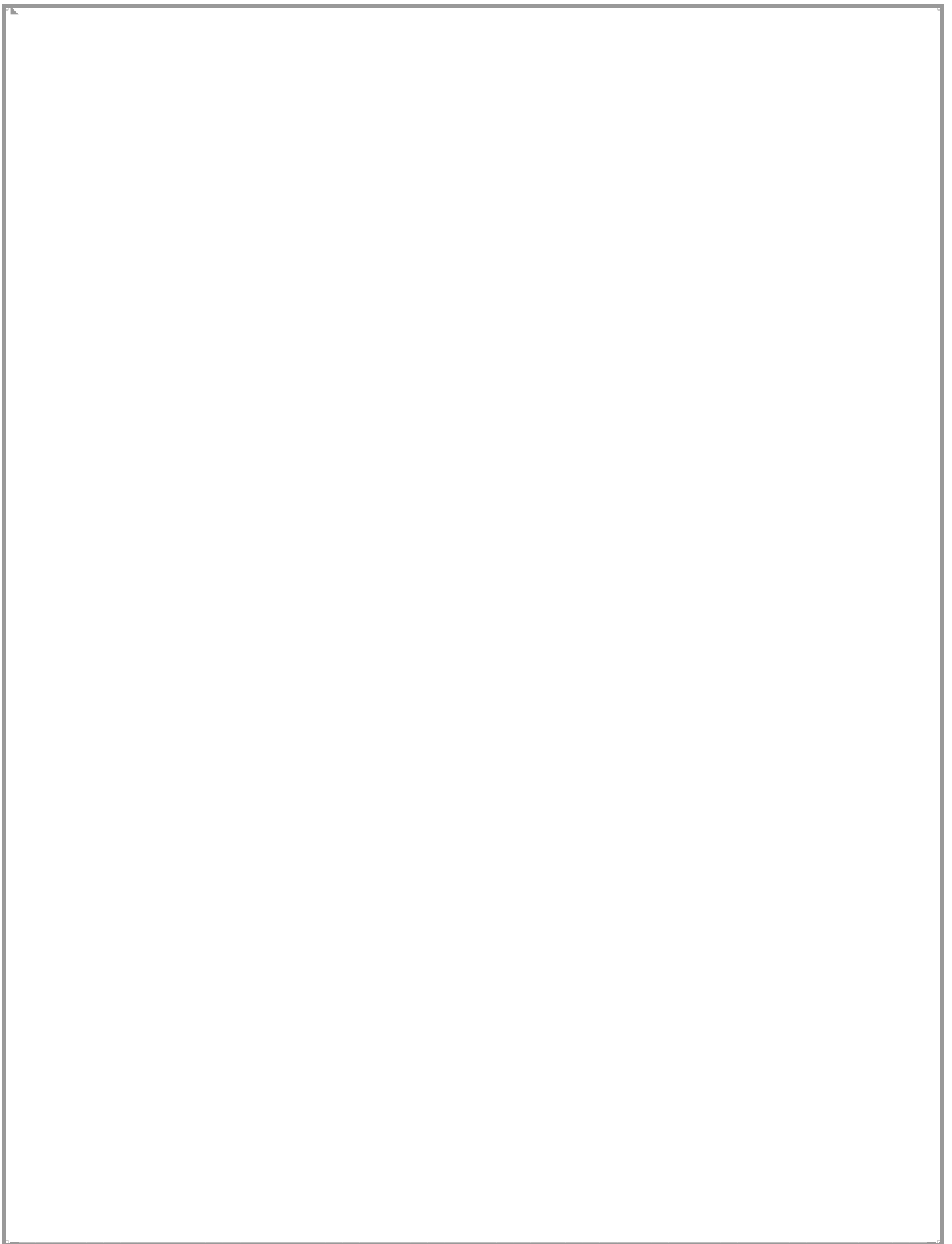
Applicants should be prepared to enroll in school and complete all required paperwork.

ⁱ Award is for tuition and fees for the first two (2) years of the Medicine program. An Administrative fee of \$1800 semester will be charged to first place recipients. Applicants will be responsible for all living and travel expenses during this time. If scholarship recipient transfers institutions at any point in medical school, they are charged a \$5,000 tuition reimbursement fee.

ⁱⁱ Scholarship covers one (1) instance of each Basic Science course. All course repeat costs due to failure, withdrawal, LOA are the responsibility of the student.

ⁱⁱⁱ 10% assistance applies to tuition costs only.

^{iv} Cumulative GPA (3.3) must be maintained for each semester at AUIS to maintain scholarship eligibility. Recipients who fail to maintain the required cumulative GPA will be required to pay the full tuition cost for all subsequent semesters with a GPA below the minimum.



David and Rose Pinckney Medical Scholarship Application

Legal Name _____
Last Name First Name M.I.

Address _____
Street Address _____
City State Zip

Telephone Number _____ Email _____

Academic Information

Name of Attending Institution _____

Current GPA _____ On a _____ scale

Major _____ Minor (if applicable) _____

Number of Credits to Date _____ Total Credits Required for Graduation _____

Graduate (circle one) Yes No Year _____

Please complete the information below for the two (2) professors who are submitting letters of recommendation on your behalf

Professor Name _____ Course Taught _____

Professor Name _____ Course Taught _____

Applicant Acknowledgement

I have read and understand the terms and requirements of the David and Rose Pinckney Medical Scholarship. I affirm that I intend to attend all four (4) years of medical school as American University of Integrative Sciences, and then to pursue a career in medicine. I permit officials at my institution to release transcripts of my academic record and any information requested by AUIS for the consideration of my application for this scholarship. I affirm all of the information provided in this application to be true and accurate to the best of my knowledge and belief. I further understand that any misrepresentation of any information contained on this application will disqualify me from consideration.

Student Signature

Date

David and Rose Pinckney Medical Scholarship Application

Student Name: _____

List the top five (5) College activities/clubs/publications/committees in which you have participated:

College Activity	Description	Dates	Offices

List the top three (3) public/community service activities in which you have participated:

Community Service Activity	Description	Dates

List the top three (3) awards or recognitions you have received:

Award	Recognizing Organization	Date Received