

The Leonard Medical Science Scholarship

Iota Iota Chapter
Omega Psi Phi Fraternity, Inc
Raleigh, NC

The Leonard Medical Science Scholarship is available to graduating High School Seniors who plan to pursue a medical or dental degree. There are two levels of the award that are determined by the following criteria.

Designated Level (\$1,000)

The applicant must have a competitive grade point average in both science and non-science courses and show evidence of extra0 curricular achievement. He/she must have been admitted to an accredited four year college or university.

Scholarship Level (\$1,500)

To receive the award the designee must be enrolled in an accredited medical or dental school with the goal of becoming a professional medical or dental care provider.

How to Apply

Applicants must submit an application, along with documentation required to support the application. The applicant's school counselor must provide certain information requested on the counselor's form.

Application Deadline

The deadline for all materials, including the counselor's form, is April 15 of each year.

RULES

- Passport photograph (attach pdf or jpg file).
- Resides in Raleigh, Garner, Knightdale, Rolesville, Wake Forest, Wendell, or Zebulon

Iota Iota Chapter – Omega Psi Phi Fraternity, Inc

Post Office Box 27353
Raleigh, NC 27611

Leonard Medical Science Scholarship Application

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Parent Cell Phone _____

Date of Birth (MM/DD/YYYY) ____/____/____ Gender (check one) ____ M ____ F

Name of High School _____

Planned Graduation Date (MM/DD/YYYY) ____/____/____

List any academic honors (including honorary societies) awards, special scholarships or other recognitions you have received in high school.

List your extracurricular activities, hobbies, and special interest. Indicate any leadership positions held.

Indicate your health career interest(s). If more than one, number in order of interest.

_____ Dentistry _____ Medicine _____ Other, please list _____

Have you ever been suspended or expelled from any school for disciplinary reasons? ____ Yes ____ No

Have you ever been arrested for, or convicted of, any criminal offense other than a minor traffic violation?

____ Yes _____ No

If you answered yes to any of the above questions, please explain.

To complete your application you must:

1. Attach an essay (500 words) which describes yourself and the reasons you want to pursue a career in medicine or dentistry.
2. Ask your counselor to mail your high school transcript, including SAT scores and class rank to us by April 15.
3. Email this application to: lotalotaScholars@gmail.com.
4. Attach a passport photograph with your application.
5. Copy of your SAT scores.
6. Include a copy of Confirmation page from the FAFSA.

Incomplete applications will not be considered**

Student Signature and Date

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Leonard Medical Science Scholarship Application

Note: To be completed by student's counselor.

Student Name

Last Name _____ First Name _____ Middle _____

This student ranks number _____ in a class of _____ students and has a cumulative grade point (GPA) of _____ . The GPA covers the student's high school record through ____/____ Month/Year

Counselor's Name (First/Last) _____

School Name _____

School Address _____

City _____ State ____ Zip Code _____ Office Phone (_____) _____

Counselor's Signature and Date: _____

Please send an official copy of student's transcript via email to

lotalotascholars@gmail.com or by postal mail to:

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Omega Psi Phi Fraternity, Inc
Post Office Box 27353
Raleigh, NC 27611

Attn: Scholarship Committee