

Florida A&M University National Alumni Association, Birmingham Metro
Chapter



*Herschell L. Hamilton, MD
Scholarship*

Scholarship Application & Guidelines

Herschell L. Hamilton, MD Scholarship

This scholarship is in honor of the late Herschell L. Hamilton, MD, a man who was a proud member of this community, a friend to many, a healer and an esteemed alumnus of Florida A&M University. Dr. Hamilton embodied the FAMU motto of "Excellence with Caring." He came to Birmingham in 1958 as the first African American Board Certified General Surgeon. He provided free medical services to countless sick or injured citizens, including civil rights activists during the 1960s. As a result, he was affectionately nicknamed the "Battle Surgeon" and "Dog Bite Doctor." Dr. Hamilton passed away in 2003, leaving a remarkable legacy and lasting impression on the Birmingham Metro Chapter and the entire community.

SCHOLARSHIP APPLICATION AND GUIDELINES

The purpose of the Herschell L. Hamilton, MD Scholarship is to assist deserving high school seniors who plan to attend Florida A&M University. We want to recognize the talent and brilliance of our Greater Birmingham area students who will attend our prestigious alma mater this fall.

Eligibility

Candidates for scholarship must meet the following eligibility criteria:

- Student must be a U. S. Citizen and a resident of the Greater Birmingham area (Jefferson and Shelby counties)
- Student must attend a Jefferson or Shelby County area high school.
- Student must have a B average or a grade point average (GPA) of 3.0 or higher on a 4.0 scale and a minimum Scholastic Aptitude Test (SAT) score of 900 or American College Testing (ACT) Composite Score of 19.
- Student must graduate by June of 2010.
- Student should be involved in community/civic service activities.
- Student must have two recommendations (one from a teacher or counselor and the other non-academic).
- Student must type a 350 words (minimum) essay stating why they should receive the Herschell L. Hamilton, MD scholarship, personal career objectives and any additional information to assist the selection committee.
- Student will attend Florida A&M University in the fall.
- Upon notification as an award recipient, student must produce an acceptance letter from Florida A&M University.

Selection

Scholarship recipients are determined by the FAMU-BMC Chapter Scholarship/Education Committee.

Awards

This is a non-renewable \$2500 scholarship. All awards are paid to the university.

The Application Package

Consideration will be given ONLY to candidates submitting complete application packages, which include:

- (1) **A completed scholarship application form (copies are acceptable)**
- (2) **A high school transcript (official)**
- (3) **A well written essay (minimum of 350 words)**
- (4) **Two letters of recommendation (one academic and one non-academic)**

*Complete application packages **MUST BE SUBMITTED NO LATER THAN May 1, 2010 to be considered for the Herschell L. Hamilton, MD Scholarship.***

FAMU NAA BMC

Attn Scholarship/Education Committee:

PO Box 12502, Birmingham, AL 35202

Questions/Comments contact Kia Byrd *850-443-2232* Email: birminghamrattlers@yahoo.com

Herschell L. Hamilton, MD Scholarship

SCHOLARSHIP APPLICATION

Name _____
Last First M.I.

Phone () _____

Address _____
Street City State Zip

Email Address _____

Date of Birth ____/____/____ Sex M__ F__

Parent(s)/Guardian

Name _____

Address _____
Street City State Zip

Home Phone (____) _____

Work Phone (____) _____

ACT Composite Score _____

SAT Composite Score _____

Overall academic grade average _____ on a _____ - Point Scale

The Name of the High School currently attending:

_____ County _____

Address _____ City _____ State _____ Zip _____

Expected date of graduation _____

Principal _____ Counselor _____

Herschell L. Hamilton, MD Scholarship

Extracurricular Activities:

1. School Activities

2. Community Activities

3. Leadership Positions

4. Honors and Rewards

On a separate sheet please type a 350 words (minimum) double-spaced essay addressing (1) why you should receive the Herschell L. Hamilton, MD Scholarship, (2) why you want to attend Florida A&M University and (3) any additional information which may assist the selection committee.

Please give the names, addresses and telephone numbers of three references, other than members of your family (two academic, one personal).

Name _____

Name _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Telephone (____) _____

Telephone (____) _____

Relationship
to Applicant _____

Relationship
to Applicant _____

Name _____

Address _____

City _____ State ____ Zip _____

Telephone (____) _____

Relationship
to Applicant _____

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

Parent's/Guardian's Signature

Date

Herschell L. Hamilton, MD Scholarship

ESSAY: