



HEALTHYLIVING

FAMILY MEDICAL CENTER

Wyconda Thomas, FNP-C
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Healthy Living Family Medical Center Athletic Scholar Scholarship

Deadline: March 30, 2020

Available to: Male and Female High School Senior Athletes (West Bolivar High School, Rosedale, MS)

Award amount: \$5,000

Provided by: Healthy Living Family Medical Center

Registration: Forms & information can be found at www.healthylivingfmc.com

Healthy Living Family Medical Center Athletic Scholar Scholarship is available to male and female high school senior athletes choosing to advance their education at a college or trade facility. Funding will be used to support tuition, fees, and other living expenses. You must demonstrate a financial need, have a GPA of 3.0 or higher, be eligible for graduation; and submit a one-page essay that demonstrates an idea that you have for helping improve the environment locally using health education and technology to be eligible for this award.

*** More information can be found at www.healthylivingfmc.com

ESSAY

Description: Submit a 350-500 word essay describing your idea for helping to improve the environment locally using health education and technology. Submit your essay and registration form to your high school principal or counselor on or before the due date.

Notification of Award: Notification of award will be sent out no later than April 30, 2020.

Being an athlete and a scholar is an extraordinary and difficult thing to do. My experiences and adversity made me the person I am today. That is why athletes are some of the best professionals in the world, because they usually understand hard work, dedication, and perseverance. This led me to want to give back to this population, because I felt that something so extraordinary was also so very much overlooked.

This scholarship is designed for the student that performs well academically, even while participating in extracurricular activities. When students are athletes they are not compensated financially or even with a grade. However, they are still expected to perform the same academically. This is an opportunity to gain financial support to continue your education and success.

CONTACT

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Fax: 662-987-5025

REGISTRATION FORM

NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

GRADE: _____

ADDRESS: _____

GPA: _____

SPORT(S): _____

AWARDS: _____

**** PLEASE ATTACH ESSAY, ACADEMIC TRANSCRIPT, AND COLLEGE
ACCEPTANCE LETTER AND SUBMIT BY MAILING TO CLINIC ADDRESS.**