



ASPMA American Society of Podiatric Medical Assistants

Janet B. Grace, PMAC – Scholarship Chair
3844 Emerson Drive – Schiller Park, IL 60176
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**ZELDA WALLING VICHA
MEMORIAL SCHOLARSHIP CRITERIA
2013**

- 1) The scholarship will be in the amount of \$2,000, awarded to a Podiatry Student entering his/her fourth (4th) year of school during the fall semester of 2013-2014.
- 2) The award will be presented to a Podiatry Student with high scholastic achievement and a definite financial need.
- 3) The recipients will be recognized at the ASPMA Annual Meeting to be held in conjunction with the 2014 Midwest Podiatry Conference.
- 4) Judging will be performed by the Trustees of the Zelda Walling Vicha Memorial Scholarship Fund.
- 5) IF ANY APPLICATION IS RECEIVED INCOMPLETE IT WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP AND WILL BE RETURNED.
- 6) Application deadline is May 1, 2013.

Application and required documentation must be received via mail or via e-mail on or before May 1, 2013.



ASPMA

American Society of Podiatric Medical Assistants

ZELDA WALLING VICHA MEMORIAL SCHOLARSHIP APPLICATION 2013

From the office of:

JANET B. GRACE, PMAC
3844 EMERSON DRIVE
SCHILLER PARK, ILLINOIS 60176

TEL: (847) 678-0485

EMAIL: JANETGPMAC@AOL.COM

PART I: Please Type or Print Clearly:

Name: _____		Age: _____	Marital Status (Circle one): Single / Married / Widowed / Divorced
Telephone #: () _____		Cell Phone #: () _____	
Mailing Address: _____ _____ _____		Home Address: _____ _____ _____	
Expected Graduation Date: _____	Number of years attending Podiatry School (Please circle one): <div style="display: flex; justify-content: space-around; width: 100%;">123456</div>		
Class Ranking: _____ (example: 3/107)	<i>Please attach to this application:</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;">• Transcript• 2 Letters of recommendation</div>		
List any Academic Honors and/or Published Articles: _____ _____ _____ _____			
List Activities and Associations: _____ _____ _____ _____			
List any other Honors and/or Recognitions: _____ _____ _____ _____			

PART II**Financial Need:**

Please submit proof of financial need provided by the Financial Aid Office of your College. A copy of your total educational indebtedness is required.

List any and all Financial Aid you are receiving and state the amounts:

1. Total amount of present loans:	
2. Total amount needed to graduate over present loans:	
3. Scholarships:	
4. Annual salary:	
5. Other	

Please list the financial concerns confronting you in financing your education:

PART III

Essay: The final element of the award will be an essay that describes the applicant's personal background, career, vocational or academic goals toward which the scholarship is to provide aid.

The essay should contain specific ideas and describe whatever steps the applicant has taken or whatever experience in the field the applicant has gained. It should not be a vague or general essay. The more specific the better.

Please include, with the essay, a condensed autobiography. This enables the trustees to further understand your needs and goals.

Signature: _____

Date: _____

Printed Name: _____

Please return application and required documentation, **VIA MAIL OR E-MAIL**, **no later than May 1st, 2013** to the following address:

Janet B. Grace, PMAC
Zelda Walling Vicha Memorial Scholarship Fund
3844 Emerson Drive
Schiller Park, IL 60176