



## NOTICE OF SCHOLARSHIP AVAILABILITY

Dear Sir or Madam:

This letter is written to your institution to inform you of the scholarships made available by the Joanna F. Reed Medical Scholarship Trust. Under the Will of Mrs. Reed, a Trust was created for the purpose of providing scholarships to men and women who are pursuing a degree in medicine at recognized private medical schools and to exceptional men and women who are pursuing an undergraduate degree in pre-medicine at private universities. The scholarships shall be known as the **“Joanna F. Reed Medical Scholarship.”** The scholarships shall be for one academic year, and shall be in amounts determined by the Selection Committee based on the recipients' financial situation, relative cost of the private medical school, colleges or universities involved, and the Trust income available for distribution. Scholarships awarded may be paid directly to the educational institution to be credited against the recipient's expenses or paid directly to the recipient.

The Joanna F. Reed Medical Scholarship shall be awarded to students who reside in Alabama and Northwest Florida and who attend, or have been accepted for entrance by, recognized private medical schools wherever located and who are pursuing a degree in pre-medicine. The scholarship shall be awarded on the basis of the applicant's prior academic performance, recommendations from instructors, financial need, and the Selection Committee's evaluation of the applicants' motivation, character, ability and promise of fitness as practicing physicians. Special consideration may be given to those applicants who desire to become general practitioners or internists. The scholarship shall be awarded on an objective and nondiscriminatory basis.

As the term is defined by the Joanna F. Reed Medical Scholarship Trust, “Northwest Florida” includes all counties in the State of Florida west of the Apalachicola River, more specifically; Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, and Gulf Counties.

The scholarship recipients shall be selected by a Scholarship Selection Committee consisting of six (6) members. Their selections will be based on the information requested by the enclosed “Joanna F. Reed Medical Scholarship Application Form” and an interview to be had with the applicants in Brewton, Alabama.

Page 2

Although the Joanna F. Reed Medical Scholarship is for only one academic year, the Selection Committee may renew a scholarship for the succeeding year if in its discretion the recipient performed in a satisfactory manner during the previous year and has not completed his course of study at the educational institution. Such a renewal may be made without the submission of a formal application by the recipient; however, a recipient desiring a renewal of the scholarship should inform the Selection Committee of such desire and provide them with any additional information requested.

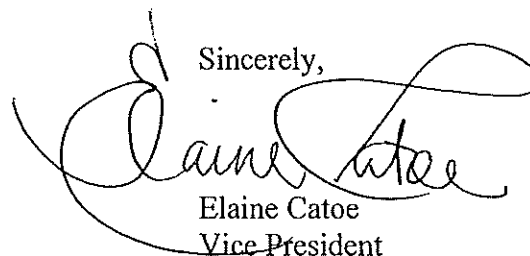
A scholarship recipient will be required to fulfill the reporting requirements specified by the Internal Revenue Service pursuant to § 4945 of the Internal Revenue Code. The Selection Committee shall inform each recipient of the nature of such requirements.

Enclosed herewith are several scholarship application forms for the school year 2010-2011. Please make the availability of this scholarship known to any of your students who are eligible and provide them with the requisite application forms. It is brought to your attention that with respect to scholarships for school year 2010-2011, the completed application must be received by the Selection Committee no later than **May 15, 2010**.

If you have any questions concerning the Joanna F. Reed Medical Scholarship please do not hesitate to call me. Please address any correspondence to:

Joanna F. Reed Medical Scholarship Trust  
c/o BankTrust  
Attention: Elaine Catoe  
P.O. Box 469  
Brewton, Alabama 36427-0469

I would like to take this opportunity to wish continued success for your institution and I hope that the Joanna F. Reed Medical Scholarship Trust will be some benefit to one or more of your students.

Sincerely,  
  
Elaine Catoe  
Vice President

EC/ct  
Enclosures

JOANNA F. REED MEDICAL SCHOLARSHIP

APPLICATION FORM FOR SCHOOL YEAR 2010-2011

SECTION A

STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Address City State Zip

Telephone: \_\_\_\_\_

Social Security Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Father living   
deceased

Mother living   
deceased

Spouse

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Dependents: (Names and Ages) \_\_\_\_\_

Secondary School (Name) \_\_\_\_\_ (City) \_\_\_\_\_

State \_\_\_\_\_ Year of Graduation \_\_\_\_\_

All Undergraduate Colleges Attended (in chronological order)

Institution	Address	Dates	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All Graduate or Professional Schools Attended (including medical school -first year medical students should provide a copy of acceptance letter)

Institution	Address	Dates	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In What Extracurricular, Community and/or Avocational Activities Have You Participated While In College Or Subsequently? (include offices held)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If You Have Been Employed During the Regular School Year While In College Or Graduate School Specify Type of Work And Approximate Hours Per Week:**

(a) Currently: \_\_\_\_\_

(b) Previous to this year: \_\_\_\_\_

**How Have You Spent Your Summers During College?** \_\_\_\_\_

**If Your Education To Date Has Not Been Continuous, Indicate What You Have Done While Not In School.** \_\_\_\_\_

**Were You Ever Required To Leave Any College Or Denied Readmission For Any Reason?**  
Yes  No  If Yes, please explain fully.

**If You Have Had Any Military Service Complete The Following:**

Branch Service	Highest Rank	Entry Date	Discharge Date
_____	_____	_____	_____

**SECTION B STUDENT ACADEMIC RECORDS**

**APPLICANT FOR MEDICAL SCHOLARSHIP:**

(a) Please attach to this application an official transcript from all undergraduate colleges and all graduate professional schools attended.

(b) MCAT

**APPLICANT FOR UNDERGRADUATE SCHOLARSHIP:**

(a) Please attach to this application an official transcript from all secondary schools and all undergraduate colleges attended.

(b) LSAT/ACT

**ALL APPLICANTS:**

Please have two (2) of your former academic instructors provide the Selection Committee with a letter of recommendation addressing your past academic and extracurricular achievements and your potential for a career in the medical profession. Enclose these letters with the application and transcript and mail to the following address:

**BankTrust, Selection Committee  
Joanna F. Reed E Medical Scholarship Trust  
Elaine Catoe  
P. O. Box 469  
Brewton, Alabama 36427**

**SECTION C STUDENT FINANCIAL INFORMATION\***

**\* The following financial information is required of all applicants and their parents:**

A 2009 U.S. Income Tax Return has been filed or will be filed:

Parent  yes  no  
Spouse & Student  yes  no

If you answered "YES" to 1, go to 2.  
If you answered "NO" to 1, skip to 8.

2009 U.S. Income Tax Return  
figures are from:

Parent  completed return  estimated  
Student & Spouse  completed return  estimated

2009 total number of exemptions claimed: (Form 1040, line 6d or 1040A, line 6d)	_____	_____
2009 adjusted gross income (Form 1040, line 37 or 1040A, line 21)	_____	_____
2009 total itemized deductions (Form 1040, Sch. A, line 27 "0" deductions if not itemized)	_____	_____
Expected 2010 adjusted gross income	_____	_____
2009 nontaxable income		
(a) Social Security Benefits	_____	_____
(b) Other (child support, welfare...)	_____	_____
2009 medical and dental expenses not paid by insurance	_____	_____
Expected 2010 nontaxable income		
(a) Social Security benefits	_____	_____
(b) Other (child support, welfare...)	_____	_____
Other financial aid requested by applicant (source and amount)	_____	_____

Indicate whether Received   
Anticipated

**Asset Information**

	<b>Parents</b>		<b>Student/Spouse</b>	
	What is its worth?	What is Owed on it?	What is its Worth?	What is Owed on it?
(a) Cash, Savings, & Checking Accounts	_____	_____	_____	_____
(b) Home	_____	_____	_____	_____
(c) Other Real Estate Investments	_____	_____	_____	_____
(d) Business/Farm	_____	_____	_____	_____
(e) Savings & Net Assets	_____	_____	_____	_____

**SECTION D INSTRUCTIONS FOR FILING APPLICATION**

Answer all applicable questions on the application, sign and date the application and mail the application (with enclosures) to:

**BankTrust, Selection Committee  
 Joanna F. Reed Medical Scholarship Trust  
 Elaine Catoe  
 P. O. Box 469  
 Brewton, AL 36427**

The requisite school transcript may either be enclosed with the application or sent directly by the school to the Selection Committee at the above address. The deadline for receiving completed applications and all supporting documents with respect to scholarships for school year 2010-2011 is **May 15, 2010**.

An interview with the Selection Committee is a necessary step in the selection of scholarship recipients. Please indicate in the spaces below the three dates that would be most convenient for scheduling such an interview. **NOTE: INTERVIEWS SHALL BE HELD AFTER JUNE 1, 2010.**

\_\_\_\_\_  
**CERTIFICATION**

I certify that the information submitted on this application is complete and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_