

# Walter T. King Scholarship

# 2019 Scholarship Application

(Please Print or Type)

The Florida State University (FSU) National Black Alumni, Inc. (BA) is an officially chartered affiliate of the FSU Alumni Association. The organization’s mission is to build a network of Black alumni and friends and sustain meaningful relationships on behalf of FSU. The FSU BA promotes and supports the academic achievement and excellence of Black students at FSU. Consequently, the **FSU Black Alumni Scholarship Fund** was established within the FSU Foundation to provide financial assistance to minority students of African descent.

The **Walter T. King Scholarship** was established within the FSU Black Alumni Scholarship Fund by Andrea King Friall, MD, and Eric S. Friall to provide support for first generation college students enrolled in the FSU College of Medicine (M.D. Degree Program). The **Walter T. King Scholarship** will serve as a lasting tribute to Dr. Friall’s father for his love, support and dedication to opening doors for his daughter to be the first physician in the family.

**During the 2019-2020 academic school year, the FSU BA will award a $1,000 Walter T. King Scholarship to one (1) deserving medical student enrolled in the M.D. Degree Program.** This one-time scholarship award will be distributed to the selected recipient during Fall 2019, unless specified otherwise.

Eligibility:

* First generation college student enrolled in the FSU College of Medicine (M.D. Degree Program) during the 2019-2020 school year.
* All eligible students may apply, but preference will be given to applicants who are female, and Black or of African descent.
* Must have a GPA of at least 3.00.

How to Apply:

* Complete the FSU BA Scholarship Application.
* Submit a written essay demonstrating financial need (not to exceed 500 words).
* Briefly describe your involvement in community service and extracurricular student activities. You may include any medical related affiliations. (not to exceed 500 words)

**Please return completed application by Tuesday, March 5, 2019,** to: Scholarship Committee, at [scholarship@fsublackalumni.org](mailto:scholarship@fsublackalumni.org).

**Name**:

(Last) (First) (Middle)

**Local Address**:

**City/State/Zip**:

**Home Phone**:       **Cell Phone**:

**E-mail**:       **Home Town:**

**Intended Residency Program or Specialization**:

**Reference who can verify information:**

**Position/Title**:

**Phone**:       **Cell Phone**:

**E-mail**:

**Submit a written essay demonstrating financial need (not to exceed 500 words).** You may provide your written response in the space below or attach additional pages as needed. (The space will expand to accommodate word requirements.)

**Briefly describe your involvement in community service and extracurricular student activities. You may include any medical related affiliations. (not to exceed 500 words)** You may provide your written response in the space below or attach additional pages as needed.

## FOR OFFICE USE ONLY

Date Received: Received By:

Comments: