



2010-2011 Scholarship Guidelines

Dear Scholarship Applicant,

Ancestral Mountain Tuina School (AMTS) is pleased to offer a limited amount of need-based scholarship funds for 2010-2011 AMTS Certificate Program Applicants. To apply, read the following guidelines for application, and complete and return the accompanying form and required support materials by **Thursday, July 1, 2010**.

Criteria for student scholarship selection:

1. The financial profile of an eligible candidate demonstrates financial need based on insufficient financial resources to cover tuition cost.
2. Student demonstrates a commitment to pursuing a career in the health care profession.
3. Student is enrolled full time for the twelve month period of the program.
4. A completed AMTS Scholarship application including required documents has been submitted by the **Thursday, July 1, 2010** deadline.
5. No person is eligible for an AMTS scholarship if they or any member of their immediate family is affiliated with the Blue Ridge Center for Chinese Medicine (BRCCM) as: an employee, member of the Board of Directors, Officer, large donor, or member of the AMTS scholarship committee. For this purpose, 'immediate family' means spouse, sibling, child, parent or guardian, grandchild, or grandparent.

An AMTS scholarship can be withdrawn if the student:

1. Fails to maintain satisfactory performance as outlined in the AMTS catalogue.
2. Violates school policies as outlined in the AMTS catalogue.
3. Does not fulfill financial responsibilities to AMTS in a timely manner.

AMTS scholarships are generally credited to the student's AMTS account in equal quarterly payments. No such credit will be given in a Quarter in which the student withdraws or is dismissed.

Non-discrimination Policy:

AMTS does not discriminate against individuals on the basis of race, color, sex, sexual orientation, religion, disability, age, veteran status, ancestry, or national or ethnic origin in the administration of its educational policies, admissions policies, employment policies, student financial assistance programs, and other AMTS administered programs and activities.

Please contact me if you have any questions.

Sincerely,
Jody Franko
Administrative Officer
540.651.2682
amts@brccm.org



2010-2011 Scholarship Application

APPLICATION INSTRUCTIONS

1. DEADLINE for submitting a scholarship application to AMTS is **Thursday, July 1, 2010**. Applications received after this date will be considered only if scholarship funds remain available.
2. See attached 'Scholarship Guidelines' for a list of eligibility criteria.
3. If any question does not apply to you, please enter N/A in the space.
4. Type or print legibly. Illegible or incomplete applications will not be considered.
5. Notification of scholarship awards will be mailed by **Saturday, July 31, 2010**.
6. If you have any questions, please call the AMTS office at (540) 651-2682.

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT)

1. Last Name _____ First Name _____
2. Mailing Address _____
3. Home Telephone () _____ Work or Cell Phone () _____
4. Email _____ Date of Birth _____
5. If you are a Blue Ridge Center for Chinese Medicine (including Ancestral Mountain Tuina School) employee, will you continue this employment while enrolled at AMTS? No___ Yes ___
6. Are you or is any member of your immediate family affiliated with the Blue Ridge Center for Chinese Medicine as an employee, member of the Board of Directors, Officer, large donor, or member of the AMTS scholarship committee? For this purpose, 'immediate family' means your spouse, sibling, child, parent or guardian, grandchild, or grandparent.
No___ Yes ___ (If 'yes', please complete A-B below regarding the person with a BRCCM affiliation.)
 - A. Full name _____
 - B. BRCCM Affiliation _____ Relationship to you _____
7. Adjusted Gross Income for specific tax years: (IRS Form 1040, Line 37, or Estimated).
2009: \$ _____ Check one: 1040___ Estimated ___
2008: \$ _____ Check one: 1040___ Estimated ___
8. Are you listed as a dependent on your Parents' 2009 Form 1040: Check one: No___ Yes ___
If Yes, Parents' Adjusted Gross Income for 2009:
2009: \$ _____ Check one: 1040___ Estimated ___
9. Expenses you expect to incur during the AMTS school year:
 - A. Tuition/books/dues \$8,250 _____
 - B. Housing/Food \$ _____
 - C. Other expenses \$ _____ (describe under Comments)TOTAL \$ _____
Are these expenses for: Check one: You___ Your entire family___
Comments (or attach information): _____

10. Financial resources you will use during the AMTS school year: *(please describe source)*
- A. Personal resources (*savings, etc.*) \$ _____
- B. Employment during AMTS school year \$ _____
- C. Scholarship(s) (*other than AMTS*) \$ _____
- D. Grants \$ _____
- E. Student Loan(s) \$ _____
- F. Other (*describe under Comments*) \$ _____
- TOTAL \$ _____
- Comments (*or attach information*) _____

11. Please indicate the scholarship amount you request:

Check one: \$250___ \$500___ \$1,000___ \$1,500___ \$2,000+___

Note: AMTS attempts to assist as many students as possible with limited scholarship resources.

Please apply only for the amount of assistance you need. The majority of scholarships granted are in the range of \$250 - \$1,000, and will rarely exceed \$1,500.

CHECKLIST OF REQUIRED DOCUMENTS

Enclose the following items with your Application. Incomplete applications will not be considered:

- ___ 1. A one or two page double-spaced typed narrative describing: a) the nature of the financial need on which your scholarship application is based, b) your commitment to pursuing a career in the health care profession, and c) anything that has changed significantly in your financial situation since January 2009 (number of dependents, marital status, income, etc.).
- ___ 2. Copy of the first two pages of your most recent 1040 tax return.
- ___ 3. If you are listed on your Parents' 2009 1040 tax return, a copy of the first two pages of their most recent 1040 tax return.
- ___ 4. Letter of recommendation (optional).
- ___ 5. This signed Scholarship Application, which is due **Thursday, July 1, 2010**. Applications received after this date will be considered only if scholarship funds remain available.

STATEMENT OF ACCURACY

I hereby affirm that the information I have provided in this application, including the enclosed documents, is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship recipient, according to AMTS scholarship guidelines, I must abide by the rules set forth.

Printed name of scholarship applicant: _____

Applicant signature: _____ Date: _____

MAIL APPLICATION AND ALL REQUIRED DOCUMENTS TO:

Scholarships
 Ancestral Mountain Tuina School
 144 Silver Maple Lane NE
 Pilot, Virginia 24138

Ancestral Mountain Tuina School ~ 144 Silver Maple Lane, Pilot, VA 24138 ~ 540.651.2682 ~ www.brccm.org

Ancestral Mountain Tuina School is a program of the Blue Ridge Center for Chinese Medicine, a 501 (c) (3) public non-profit organization dedicated to providing traditional Chinese medicine educational programs, health care services, and internal martial arts.