Application for Basil M. Tucker and Carlton G. Purvis Memorial Scholarship

The Basil M. Tucker and Carlton G. Purvis Memorial Scholarship is administered through the North Carolina Foot & Ankle Society. This scholarship is available to a third- or fourth-year podiatry student of any college of podiatric medicine whose permanent residence is North Carolina. Applications are reviewed annually, though the scholarship is not necessarily awarded annually. Eligibility is based upon need, grade point average, and class rank. Students are eligible for only one award from the Fund.

| Name | First | Middle | Last | |
|----------------------------------|--|------------------------|------------------------------|-------------------|
| Address | | | | |
| City | State | ZIP | Phone | |
| Email Address | | | | |
| Parents' N | Jame(s) | | | |
| Parents' A | Address | | | |
| City | State | ZIP | Phone | |
| College of Podiatric Medicine | | | Graduation Year | |
| Undergraduate College/University | | | Graduation Year | |
| High School | (| City/State | Graduation Year | |
| Describe your | college activities (i.e., or | ganizations, associat | ions, clubs). | |
| Have you held | d leadership positions wi | thin these groups? P | lease describe. | |
| | opportunities you have h ions, lectures, communit | | organization or college of | podiatric medicir |
| Are you currently working? | | | w many hours per week? | |
| | Current GPA: | Cla | ss Rank: | |
| I assert that th | e information provided a | above is accurate as o | of the completion date of th | is application. |
| Applicant Signa | ature | | Date of Completic | on |

Contact Jean Kirk at the Society office at 919/872-2224 or by email to contact@ncfootandankle.org with questions. Please return this completed application with a current resume, letter of interest, and photo (for publicity purposes) to the North Carolina Foot & Ankle Society, 3733 Benson Drive, Raleigh NC 27609.