

N. EDGAR MILES, M.D. SCHOLARSHIP FUND
The Hebrew Orphan Society, Charleston, SC
Founded July 15, 1801

HISTORY OF THE N. EDGAR MILES , M.D. SCHOLARSHIP FUND

Doctor Miles, a native of Mullins, SC graduated from the College of Charleston before receiving his Doctor of Medicine degree from, what was then known as the Medical College of South Carolina, in 1934. He was admitted to the Ophthalmology program at the Massachusetts Eye and Ear Infirmary for specialization. Doctor Miles was in private practice in Birmingham, Alabama for over 50 years. He established endowments at the Medical University of South Carolina, The College of Charleston, The Hebrew Orphan Society, Birmingham South College and the Birmingham Jewish Day School. The first seven scholarships were awarded in 1994, with additional scholarships being awarded as funds permit. Dr. Miles died in Birmingham on July 5, 1995.

SCHOLARSHIP ELIGIBILITY CRITERIA

The applicant must be a South Carolina resident and pending graduate of a South Carolina accredited high school.

The applicant must demonstrate a financial need for the scholarship without which he/she would be unable to attend college.

The applicant must be in the top 25% of his/her high school class and demonstrate an aptitude for higher education.

The applicant must have a grade point average of 3.0 or higher.

The applicant may select any accredited four (4) year college or university in the United States for his/her undergraduate studies and must carry a minimum course load of 24 credit hours per year.

The applicant must commit to graduating from the U.S. college or university of their choice within four years of their start date and show an ability to obtain their desired degree within that prescribed time period.

APPLICATION REQUIREMENTS

Applicant must submit the provided Scholarship Application (A PHOTOCOPIED VERSION IS ACCEPTABLE).

Applicant must provide their high school transcript along with a copy of the student Report reflecting their ACT and/or SAT score.

Applicant must provide recommendations from their teachers, guidance counselors, employers, etc.

Applicant must provide documentation reflecting the proposed annual cost of the school they will attend (a copy of what the school provided the applicant is acceptable).

Applicant must provide a list of schools that he/she has applied to, along with a status of their application, and a copy of the RECOMMENDED BUDGET provided by the financial office of the school he/she hopes to attend.

Applicant must provide a completed "Release of Information Statement."

Applicant must provide a current copy of the IRS Form 1040 Income Tax Return for their parents, guardian(s) and/or the applicant themselves.

THIS INFORMATION MUST BE PROVIDED

*Applicant may attach separate pages if he/she requires more space than provided. Please **DO NOT ATTACH A PERSONAL PHOTO**, as the **APPLICATION WILL BE JUDGED ON ACADEMIC EXCELLENCE AND FINANCIAL NEED**. Although The Hebrew Orphan Society is a Jewish Charitable Foundation, the scholarships are available to all that qualify regardless of race, religion, age, sexual orientation, or national origin.

*The Scholarship Award may be up to \$2,000.00 per school year, payable directly to the school each student attends. The award is based on the financial need demonstrated by the data provided with the student's application. The Scholarship will automatically renew for each of the ensuing years based on the student's academic performance in accordance with the scholarship eligibility criteria.

*The Scholarship Award will be sent at the beginning of each semester, provided the recipient submits his/her prior semester's school transcript upon receipt, reflecting that the student has met the scholarship eligibility criteria.

TIME LINE

- * Deadline for submission of the scholarship application and supporting documentation is: May 1st of the applicant's senior year.
- * Deadline for decision of Scholarship Committee and Notice Award is: June 15th.

N. EDGAR MILES M.D. SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

DATE: _____

APPLICANT'S NAME IN FULL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

APPLICANT'S SOCIAL SECURITY #: _____

APPLICANT'S AGE: _____ APPLICANT'S DATE OF BIRTH: _____

APPLICANT'S PLACE OF BIRTH: _____

PARENT'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S HOME PHONE #: _____ E-MAIL ADDRESS: _____

FATHER'S NAME: _____

FATHER'S DATE OF BIRTH: ___/___/___ SOCIAL SECURITY #: _____

NAME OF EMPLOYER: _____ OCCUPATION: _____

POSITION: _____ BUSINESS PHONE #: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOTHER'S NAME: _____

MOTHER'S DATE OF BIRTH: ___/___/___ SOCIAL SECURITY #: _____

NAME OF EMPLOYER: _____ OCCUPATION: _____

POSITION: _____ BUSINESS PHONE #: _____

BUSINESS ADDRESS: _____

APPLICANT'S BROTHERS AND SISTERS

NAME	AGE	ADDRESS	SCHOOL/OCCUPATION

OTHER THAN THE ABOVE, PLEASE LIST (2) RELATIVES OR FRIENDS UNDER THE AGE OF 60, NOT LIVING WITH THE FAMILY.

1. NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____ STATE: _____ ZIP: _____

2. NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____ STATE: _____ ZIP: _____

IF ONE OR MORE SIBLINGS ARE ATTENDING COLLEGE OR A POST-SECONDARY SCHOOL, PLEASE EXPLAIN HOW THAT IS BEING FINANCED:

IF PARENT'S INCOME IS SUCH AS TO INDICATE ABILITY TO COVER ALL EXPENSES, PLEASE LIST AND EXPLAIN THE CIRCUMSTANCES THAT PROMPT THIS SCHOLARSHIP APPLICATION:

CONCLUDING PAGES FOR ALL APPLICANTS

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR HOPES, ASPIRATIONS AND GOALS AND HOW YOU PLAN TO ACHIEVE THEM:

PLEASE TELL US YOUR PLANS FOR WORKING DURING THE SCHOOL YEAR AND/OR SUMMER MONTHS:

Please list all other loans, scholarships, Pell grants and other financial aid resources that you have applied for. Please indicate if your applications for aid from other sources were APPROVED, DENIED or UNCERTAIN OF STATUS. Please be specific in regards to school scholarships or loans, state or federal aid programs, guaranteed bank loans, personal loans, etc. THIS SECTION MUST BE ANSWERED IN DETAIL.

<u>Name of Scholarship</u>	<u>Dollar Amount</u>	<u>Status</u>
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<u>Name of Government Loan</u>	<u>Dollar Amount</u>	<u>Status</u>
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<u>Name of Grant</u>	<u>Dollar Amount</u>	<u>Status</u>
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