



COMMUNITY SCHOLARSHIP PROGRAM

Rules & Requirements

At Relievus we recognize the need for “relief”, whether it’s medically helping our patients or giving back to the communities we serve. We believe that kindness, support, and generosity towards others help make our world a better place. Our team of professionals understands and practices this philosophy. To put this philosophy into practice, we want to help worthy students reach their potential by achieving a college or advanced education degree. We understand the financial demands of advanced education, and in our effort to encourage students in the communities we serve, our team of medical providers will award one or more applicants with a \$1,000 scholarship each calendar quarter.

All scholarship candidates must meet the following requirements and provide the information requested with their applications:

- Three Letters of Recommendation
 - One Personal (neighbor, friend, relative, etc.)
 - Two Professional (teacher, employer, etc.)
- A minimum of 40 hours community service completed; please submit official letters
- A minimum of a 3.5 GPA, with **official transcripts**
- Planning to pursue a degree at an accredited U.S. post-secondary institution
- Must be a current high school senior
- Must answer the two short essay questions attached (no more than 200 words each)
- Must “Like” us on Facebook
- Must be a resident of Central/Southern New Jersey or the Greater Philadelphia area
- Before scholarship is offered, candidate may have to submit proof of acceptance to school
- Each scholarship winner must agree to the publication of his or her name and photograph with a member of the Relievus team on our website and/or on social and traditional media

If you meet these requirements, please feel free to apply to our scholarship program quarterly. We may also require an interview after receipt of your application and required information. Please be sure to also answer the two brief essay questions. Thank you for your interest and we wish you well in our Community Scholarship Program.



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Application

STUDENT INFORMATION

Name (Last, First, Middle) _____

Address (Street) _____

(City, State, Zip) _____

Telephone () _____ Cell Phone () _____

Email _____ Gender [M] [F]

PARENT/GUARDIAN INFORMATION (IF APPLICANT UNDER 18)

Name (Last, First, Middle) _____

Address (Street) _____

(City, State, Zip) _____

GENERAL INFORMATION

Extra-Curricular Activities _____

Hobbies/Interests _____

EDUCATION INFORMATION

High School _____ City _____

Name of College/Institution you plan to attend _____

Anticipated Course of Study _____

Intended Academic Goal: [] Certificate [] Associate's Degree [] Bachelor's Degree [] Trade School
[] Teaching Credential [] Other _____

Student Signature _____

Parent/Guardian Signature _____
(If applicant under 18)

Date _____

**Please mail completed application and
all required documents to:**

Thomas Longo
Relievus
813 East Gate Drive, Suite B
Mt. Laurel, NJ 08054

