

**THE WEST ANNISTON MEDICAL CLINIC, INC.
d/b/a THE TOLBERT HEALTH CARE PROJECT**

A Product of the Tolbert Settlement

501 Riverchase Parkway East, Suite 100

Hoover, Alabama 35244

1-800-345-0837

(205) 716-3000 (telephone)

(205) 716-3010 (fax)

<http://www.tolbertqsf.com>

Scholarship Applications are Now Being Accepted

The Tolbert Healthcare Project is now accepting applications for the 2011 U.W. Clemon Scholarship. The scholarship was created to provide supplemental funding for tuition, books, and fees for select Tolbert Claimants ages 16 to 21 who are working toward achieving their dreams, and are seeking a better and brighter future for themselves and their communities. Applicants must be (i) seniors in high school and who have been accepted to study at a University or trade school, or (ii) current college students.

The Scholarship Project is dedicated to enriching the future of Tolbert's youth through its Education Benefit program. The program also provides ACT and GED preparation classes. Since the Scholarship's inception in 2009, 77 scholarships have been awarded to deserving Tolbert Claimant students.

The U.W. Clemon Scholarship is named to recognize the life and accomplishments of the Honorable U.W. Clemon, and to further recognize his role in the settlement of this case and the establishment of The West Anniston Medical Clinic, Inc.

ELIGIBILITY

The Scholarship is only open to Tolbert/Legacy Claimant students who are 16-21 years of age. The student must be a Tolbert/Legacy Claimant. Other eligibility requirements include a cumulative Grade Point Average of no less than 2.0 on a 4.0 scale and a passing ACT/SAT score.

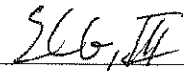
SELECTION CRITERIA AND AWARD AMOUNT DETERMINATION

The scholarship award recipients and amounts are determined based on the evaluation of the following criteria: (1) financial need; (2) academic performance; (3) extracurricular activities; (4) honors and distinctions; (5) recommendations; and (6) completion of the scholarship application. The awards granted pursuant to this program ARE NOT appealable or reviewable. Decisions regarding scholarship awards are final.

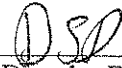
WHO TO CONTACT

To obtain a scholarship application, please contact us at (205)716-3000 or (800)345-0837 or visit our website homepage at www.tolbertqsf.com.

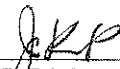
APPLICATION DEADLINE: March 18, 2011, by 5:00pm (CST)



Edgar C. Gentle, III
President



Diandra Debrosse
Director of Planning and Development



J. Richet Pearson
Guardian *ad litem* for Minors



Eula Farmer Tatman
Tolbert Advisory Board Representative



**TOLBERT CHILDREN'S EDUCATIONAL BENEFIT
ACT PREP COURSE PROGRAM**

Assisting Tolbert children in realizing their full potential
A Product of the Tolbert Qualified Settlement

PURPOSE: The West Anniston Medical Clinic, Inc., a product of the Tolbert Qualified Settlement, is dedicated to ensuring that Tolbert children realize a substantial benefit from their Settlement. The ACT Prep Course is intended to increase the chances of Tolbert minor claimants to get into the college of their choice. Overall, it is intended to encourage those Tolbert minor claimants who are achieving their academic dreams, and are seeking a better and brighter future for themselves and for their communities.

ELIGIBILITY: To be eligible for the ACT Prep Course, the applicant:

- MUST be a Tolbert claimant and/or the child, grandchild, or legal ward of a Tolbert claimant;
- MUST be 16 to 19 years of age.

COST: FREE ACT PREP COURSE for Tolbert Minor Claimants and Tolbert Legacy Claimants. All course materials will be provided free of charge.

LOCATION: The ACT prep course is being held at the Carver Community Center (720 West 14th Street, Anniston, AL 36201)

To Request an enrollment form:

CONTACT: Ms. Ingram at 205-716-3000 / 800-345-0837

TOLBERT CHILDREN'S EDUCATIONAL BENEFIT
U.W. CLEMON SCHOLARSHIP PROGRAM

Assisting Tolbert children in realizing their full potential
A Product of the Tolbert Qualified Settlement

PURPOSE: The West Anniston Medical Clinic, Inc., a product of the Tolbert Qualified Settlement, is dedicated to ensuring that Tolbert children realize a substantial benefit from their Settlement. This Scholarship is intended to reward and encourage financially and otherwise those Tolbert minor claimants who are achieving their academic dreams, and are seeking a better and brighter future for themselves and for their communities.

ELIGIBILITY: To be eligible for this Scholarship, the applicant:

- MUST be a Tolbert claimant and/or the child, grandchild, or legal ward of a Tolbert claimant;
- MUST be 16 to 21 years of age;
- **MUST be a graduating senior in high school** accepted to study at an accredited university or trade school in the U.S. for the upcoming academic year **OR a college freshman, sophomore or junior OR a college senior** accepted to study at a graduate program at an accredited university in the U.S. **OR** a current enrollee in a graduate program; and
- MUST have and must maintain a cumulative Grade Point Average of no less than 2.0 on a 4.0 scale.

SELECTION CRITERIA AND AMOUNT DETERMINATION: The scholarship award is dependent upon the following factors: (1) financial need; (2) academic performance; (3) extracurricular activities; (4) honors and distinctions; (5) recommendations; and (6) completion of required application. The awards granted pursuant to this program ARE NOT appealable or reviewable. Decisions regarding scholarship awards are final.

APPLICATION DEADLINE: March 18, 2011, by 5:00pm (CST)

SUBMISSION: Please submit your scholarship application to:

Diandra S. Debrosse, Esq.
Director of Planning and Development
West Anniston Medical Clinic, Inc.
501 Riverchase Parkway East, Ste. 100
Hoover, AL 35244

CONTACT: Ms. Ingram at 205-716-3000 / 800-345-0837

AMOUNT OF EACH SCHOLARSHIP: TBD

REQUIRED DOCUMENTS: Your application will not be complete unless the below items are submitted. Failure to submit a complete application will result in the denial of scholarship funds.

- Checklist;
- Completed Application Form;
- Official High School transcript;
- Official College transcript (if applicable);
- Official Graduate transcript (if applicable);
- Copy of ACT or SAT testing results;
- Proof of Family Income (i.e., W-2 for 2009);
- Essays;
- Three Letters of Recommendation from a Professor or Teacher; and
- Resume.

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO ENSURE THAT EACH PORTION OF THE APPLICATION INCLUDING LETTERS OF RECOMMENDATION AND TRANSCRIPTS ARE RECEIVED.

TOLBERT CHILDREN'S EDUCATIONAL BENEFIT
SCHOLARSHIP PROGRAM APPLICATION

*Assisting Tolbert children in realizing their full potential
A Product of the Tolbert Qualified Settlement*

ELIGIBILITY REQUIREMENTS

To be eligible for this Scholarship, the applicant:

- MUST be a Tolbert claimant and/or the child, grandchild, or legal ward of a Tolbert claimant;
- MUST be 16-21 years of age;
- **MUST be a graduating senior in high school** accepted to study at an accredited university or trade school in the U.S. for the upcoming academic year **OR a college freshman, sophomore or junior OR a college senior** accepted to study at a graduate program at an accredited university in the U.S. **OR** a current enrollee in a graduate program **OR** a junior high, high school or college student engaged in a recognized academic summer program; and
- MUST have and must maintain a cumulative Grade Point Average of no less than 2.0 on a 4.0 scale.

PERSONAL INFORMATION

I am a Tolbert Claimant

I am a Legacy Claimant

(i.e., I am not a Tolbert claimant, but I am the child, grandchild, or legal ward of a Tolbert claimant and can provide supporting documentation)

Name: (Last, First, MI): _____ SSN: _____ - _____ - _____ DOB: __/__/____

Current Address: _____
Street Unit# City State Zip Code

Permanent Address: _____
Street Unit# City State Zip Code

Home Telephone Number: () _____ Cellular Number: () _____

E-Mail Address: _____

(Please note that the SS# number of your parent/ guardian need only be provided if you are claiming to be a Legacy Claimant- i.e., you are not a Tolbert claimant, but you are the child, grandchild, or legal ward of a Tolbert claimant. All other information must be provided whether you are a Tolbert or a Legacy claimant)

Parent/ Guardian Name: (Last, First, MI): _____ SSN: _____ - _____ - _____

Current Address: _____
Street Unit# City State Zip Code

Permanent Address: _____
Street Unit# City State Zip Code

Home Telephone Number: () _____ Cellular Number: () _____

E-Mail Address: _____

2nd Parent/ Guardian Name: (Last, First, MI): _____ SSN: _____

Current Address: _____
Street Unit# City State Zip Code

Permanent Address: _____
Street Unit# City State Zip Code

Home Telephone Number: () _____ Cellular Number: () _____

E-Mail Address: _____

If I am a legacy claimant, I have provided the following documentation:

- Court document awarding permanent/temporary custody
- Foster care and/or adoption documentation
- Other (please describe in detail): _____

Number in Household in 2009:

- 1 2 3 4 5 6 7 8 9 10 More than 11

Number in Household in 2010:

- 1 2 3 4 5 6 7 8 9 10 More than 11

Household Income for 2009:

- \$0-\$10,000 \$61,000-\$70,000 More than \$100,000
- \$11,000-\$20,000 \$71,000-\$80,000
- \$21,000-\$40,000 \$81,000-\$90,000
- \$41,000-\$60,000 \$91,000-\$100,000

Household Income for 2010:

- \$0-\$10,000 \$61,000-\$70,000 More than \$100,000
- \$11,000-\$20,000 \$71,000-\$80,000
- \$21,000-\$40,000 \$81,000-\$90,000
- \$41,000-\$60,000 \$91,000-\$100,000

I am a product of a single parent household: Yes No

I was raised by my grandparent: Yes No

ACADEMIC PROFILE:

High School: _____
Name Street City State Zip Code

Graduation Date: _____ Major: _____ Degree: _____ GPA: _____

List all highschool extracurricular activities:

[USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY]

List all highschool honors and other distinctions:

[USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY]

College:

Name Street City State Zip Code

Commencement Date: _____ Graduation Date: _____ Major: _____ Degree: _____ GPA: _____

List all college extracurricular activities:

[USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY]

List all college honors and other distinctions:

[USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY]

Graduate Institution:

Name Street City State Zip Code

Commencement Date: _____ Graduation Date: _____ Major: _____ Degree: _____ GPA: _____

List all graduate school extracurricular activities:

[USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY]

List all honors and other distinctions:

[USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY]

MANDATORY ESSAYS

1. Please describe in two hundred and fifty (250) words how you honestly feel the *Tolbert* case has impacted your community (Please feel free to use additional pages):

[USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY]

2. Please provide on a separate sheet of paper a five hundred (500) word, double-spaced, typewritten autobiographical essay. Please include your career aspirations, and your most significant achievements.

ADDITIONAL REQUIRED DOCUMENTS

When submitting this application, you **MUST** also provide the following documents:

- a. A copy of your highschool or college transcript for the previous academic year;
- b. A copy of your ACT or SAT testing results; and
- c. Three letters of recommendation.

DISCLOSURE

The information provided in this form will only be disclosed to those Tolbert officials who are to determine your eligibility for a scholarship, and will not be available to any third parties without your express approval.

COMPLETE A. OR B.:

A. I, _____, a Tolbert claimant and/or Legacy claimant represent that all of the information provided herein is true and accurate to the best of my knowledge, and that I have disclosed said information in applying for an academic scholarship from the West Anniston Medical Clinic, Inc. I am also aware that if I am granted a scholarship, the amount granted is not appealable, nor is the determination as to whether or not I receive a scholarship award appealable.

Applicant Name (Print)

Date

Applicant Signature

Date

B. I, _____, am the Guardian/Parent of a Tolbert claimant and/or Legacy claimant and I represent that all of the information provided herein is true and accurate to the best of my knowledge, and that my child/ward has disclosed said information in applying for an academic scholarship from the West Anniston Medical Clinic, Inc. I am also aware that if my child/ward am granted a scholarship, the amount granted is not appealable, nor is the determination as to whether or not I receive a scholarship award appealable.

Guardian/Parent Name (Print)

Date

Guardian/Parent Signature

Date