

2023 Anthony Sheard Foundation Scholarship Application

Anthony Dwight Sheard successfully completed the Harper-Grace Hospital Detroit Radiologic Technology program on June 30, 1994. Shortly thereafter he gained employment at DMC Sinai-Grace Hospital as a Radiologic Technologist until his demise in December 2017. Mr. Sheard was always willing to teach student techniques and share information to assist fellow colleagues whenever needed. His compassion, dedication, and commitment to the profession was evident for more than 20 years of service. Mr. Sheard encountered many obstacles as a student and radiologic technologist including the high cost of education. In honor of his memory, love for his profession and a huge heart towards the betterment of others, the Anthony Sheard Foundation Scholarship was established by his daughter, Dr. Britiany Sheard-Caple. The Anthony Sheard Foundation Scholarship awards scholarships annually to underrepresented minorities pursuing a career as a Radiologic Technologist at the DMC Sinai-Grace School of Radiologic Technology.

Criteria for new applicants:

1. Completed application.
2. Letter of acceptance to the DMC School of Radiologic Technology.
3. Copy of transcripts from Associate degree program.
4. An essay of 500 words or less to describe overcoming a challenge in life.
5. If you are selected as a final candidate you will be asked to participate in an interview.

Current or past scholarship recipients:

1. Completed application.
2. Copy of transcript from DMC School of Radiologic Technology.
3. If you are selected as a final candidate, you will be asked to participate in an interview.

The scholarship will cover full tuition and fees for one program year. All payments will be made directly to the DMC School of Radiologic technology on behalf of the recipient.

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Part I. Application

Please type or print neatly in ink. Applications may be submitted electronically to: info@sinaigraceguildcdc.org or mailed to Sinai-Grace Guild Community Development Corporation at 6071 W. Outer Drive, Suite 440 Detroit, MI 48235 by July 16, 2023.

Name: _____ DOB: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Are you Hispanic or Latino? Yes or No **Gender:** Male or Female or Non-Binary

Please circle all that apply:

American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander
Black/African-American	White or Caucasian	Two or More Races

Part II. Essay

In 500 words or less, describe a challenging time in your life and how you overcame it to reach your goals (attach additional pages as needed).