



## **Denver Osteopathic Foundation Scholarship Information and Application**

<b>Contents</b>	<b>Page</b>
GUIDELINES FOR STUDENT SCHOLARSHIP .....	Information-2
SCHOLARSHIP APPLICATION PROCEDURES .....	Information-2
CONDITIONS OF SCHOLARSHIP AWARD .....	Information-2
APPLICATION SUBMISSION.....	Information-3
REGULATIONS RELATING TO THE ADMINISTRATION OF GRANTS AWARDED BY THE FOUNDATION.....	Information-4
APPLICATION .....	Application-1 through Application-5

## **GUIDELINES FOR STUDENT SCHOLARSHIP**

1. Consideration is given to residents of Colorado; or to those who have lived, worked or attended undergraduate college in Colorado. The Foundation anticipates that its scholarship recipients, upon completion of their medical education will practice in Colorado.
2. No grants are awarded to first or second year medical students.
3. A new application must be submitted for each academic year
4. At any time, the Foundation reserves the right to request additional materials, reference letters of support, and such information necessary to evaluate fully the student's request.
5. There is only one annual deadline for consideration for scholarship: **JUNE 1** of each year. Notification is anticipated before August 1. Funding, therefore, is for the academic year August 15.

## **SCHOLARSHIP APPLICATION PROCEDURES**

The Foundation requests that the student complete an official application form. In addition, the following information is required:

1. A copy of the most recent year's Federal Tax return, and one year prior if filed.
2. A written letter of reference from one of the following; the Academic Dean, a preceptor, a faculty member or a professional reference from a D.O. Original written letter must be mailed directly from the author to DOF.
3. Medical school transcripts for year one, two and three. Official transcripts must be mailed from the medical school registrar to DOF.
4. A written statement from the medical school registrar as to both rank in class and grade point average (usually mailed along with transcript as described in procedure number three above).
5. Resume.
6. Statement of intent to practice in Colorado.
7. A credit report will be obtained on all applicants, with permission.
8. Submit an essay, not more than one page double spaced explaining your role as a physician in community service.

## **CONDITIONS OF SCHOLARSHIP AWARD**

Scholarship is offered for one academic year at a time. Student can reapply for a second year.

There are no restrictions as to recipients of grants because of race, sex, religion, age, handicap, or national origin. Non-USA citizens who have permanent

## Denver Osteopathic Foundation Scholarship Information

resident status in the United States, officially granted by the U.S. Immigration Service are eligible for funding.

Applicants eligible for scholarships while attending Colleges of Osteopathy will be limited to the extent that the applicant must be attending such institution.

No relative of a member of the Foundation Board of Directors will be eligible for any scholarship, and no employee or relative of an employee of the Foundation will be eligible for a scholarship.

Students receiving Foundation funds through the auspices of a College of Osteopathy are not eligible for additional scholarship funds through the Foundation office directly.

Grants must be used for tuition and books from the institution where the education or training takes place.

Should a scholarship recipient terminate his/her osteopathic training before a degree is issued, the scholarship must be repaid immediately.

Applicants approved for scholarship are reviewed in the following areas (no priority) among others:

- financial need
- academic performance and class standing
- commitment to the osteopathic profession
- desire to practice in Colorado
- references and evaluations
- extracurricular and volunteer activities

In general, criteria for selection will be determined on prior and current academic performance, evaluation of professional activity and aptitude for medical school work, recommendations, financial need and motivation.

The scholarship recipient must keep the Foundation informed of address changes and status while in osteopathic medical college.

### **APPLICATION SUBMISSION**

Please furnish all information requested on the appropriate application form. Incomplete applications may be disqualified from consideration.

***APPLICATION DEADLINE: JUNE 1***

## Denver Osteopathic Foundation Scholarship Information

*Address for submission of application is:*

Denver Osteopathic Foundation  
3801 E. Florida Ave #635  
Denver, CO 80210

Phone: 303-996-1140

Fax: 303-996-1142

Applications should be postmarked not later than midnight of the day immediately prior to the application deadline date, or delivered to the Foundation office not later than 4:30pm of the application deadline date, unless prior approval is obtained. Late or incomplete applications may be returned. All applications will be acknowledged when received. All applications are reviewed by a committee before presentation to the Board of Directors for action.

### **REGULATIONS RELATING TO THE ADMINISTRATION OF GRANTS AWARDED BY THE FOUNDATION:**

1. It is expected that grant recipients will use the grant award exclusively for the purposes(s) stated in the application. Requests for deviation from the purpose of the expenditure or changes in the direction of the grant program, must be submitted to the Foundation for prior approval.
2. The Foundation should be notified for publicity of the award, including news releases, features, pictures, etc.
3. The Foundation reserves the right to verify independently medical education progress and academic performance.



Denver Osteopathic Foundation Scholarship Application

1. Applicant: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Phone No. \_\_\_\_\_ FAX: \_\_\_\_\_

4. Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Phone No. \_\_\_\_\_ FAX: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

8. Marital status: (S)\_\_\_ (M)\_\_\_ (D)\_\_\_ Name of Spouse: \_\_\_\_\_

9. Is spouse employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Salary \_\_\_\_\_

10. Military Status \_\_\_\_\_

11. Dependents: *(children or other)*

Relationship \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

12 Are you the sole support of the above dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain: \_\_\_\_\_

\_\_\_\_\_

13. Nearest relative not living with you: Relationship \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

# Denver Osteopathic Foundation Scholarship Application

## 14. EDUCATION:

a) College(s) or other professional schools attended:

Name: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Name: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Name: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

b) Medical School \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date of entrance: \_\_\_\_\_ GPA \_\_\_\_\_ as of \_\_\_\_\_

c) Current year in Medical Schools: (circle) 3 4

Rank in class \_\_\_\_\_ Today's Date \_\_\_\_\_

This application is for the 200\_\_\_\_/200\_\_\_\_ academic year.

## 15. Volunteer or work experience in medical or medically related field:

Position: \_\_\_\_\_ Year(s) \_\_\_\_\_

Organization/business \_\_\_\_\_

Position: \_\_\_\_\_ Year(s) \_\_\_\_\_

Organization/business \_\_\_\_\_

Position: \_\_\_\_\_ Year(s) \_\_\_\_\_

Organization/business \_\_\_\_\_

## Denver Osteopathic Foundation Scholarship Application

16. Medical school student activities or community service: (Please list)

---

---

17. Professional reference (faculty, preceptors, physician):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone \_\_\_\_\_

18. What are your financial aid needs for a one year period? \$ \_\_\_\_\_

What amount of support do you request? \$ \_\_\_\_\_ Is this a onetime request? Yes \_\_\_ No \_\_\_

19. I am planning, a residency: Yes \_\_\_ No \_\_\_ In the field of \_\_\_\_\_

20. I intend to practice (location): \_\_\_\_\_

21. Please identify current sources of income for self or family and/or funding for your education (employment, scholarships, savings, personal loans, etc.):

---

---

---

22. List current assets (cash, real property, stocks/bonds, inheritance, trust, other):

---

---

---

23. Please list annual financial obligations (e.g. mortgages, rent, books, loans, child support, etc.)

---

---

---

Denver Osteopathic Foundation Scholarship Application

24. What is your tuition? \$\_\_\_\_\_per\_\_\_\_\_.

Does your family/guardian contribute to any portion of your medical school costs? If yes, explain:

\_\_\_\_\_

25. Please list all present school loan obligations:\_\_\_\_\_

Undergraduate school(s)\_\_\_\_\_

Medical school\_\_\_\_\_

26. Did you file an income tax return last year? Yes\_\_\_\_\_ No\_\_\_\_\_

Year\_\_\_\_\_

Does your spouse file a separate income tax return?

Explain:\_\_\_\_\_

\_\_\_\_\_

27. Use this space for any additional information you wish to share:

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission to the Denver Osteopathic Foundation to obtain a credit report on me as a part of the application process to receive financial aid while attending osteopathic medical school. I affirm that the statements on this application are true, complete, and correct. The Foundation may make any investigation concerning the above information.

\_\_\_\_\_  
Applicant's Signature & Date

PLEASE FILL OUT THIS FORM (PAGES 1 – 5) COMPLETELY.  
RETURN COMPLETED APPLICATION WITH THE OTHER DOCUMENTS REQUESTED ON PAGE 1  
TO THE DENVER OSTEOPATHIC FOUNDATION

DENVER OSTEOPATHIC FOUNDATION  
3801 E. Florida Ave #635  
Denver, CO 80210 (303) 3388541  
FAX (303) 3389021

For use by the Denver Osteopathic Foundation:

Date received:\_\_\_\_\_ Action:\_\_\_\_\_

Amount Awarded:\_\_\_\_\_ Date:\_\_\_\_\_