



The Denver Osteopathic Foundation Mission is to elevate the health and well-being of the community, advance osteopathic medical education and improve the public's understanding of Osteopathic Medicine.

Denver Osteopathic Foundation Scholarship Information and Application

GUIDELINES FOR STUDENT SCHOLARSHIP

- Strong 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.
- Grants are not awarded to first- or second-year medical students. Third- and fourth-year medical students are eligible to apply.
- A new application must be submitted for each academic year
- 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.
- There is only one annual deadline for consideration for scholarship: March 15 of each year. Notification is anticipated before August 1.
- Incomplete applications will not be accepted
- The first 20 applications received will move on the selection committee

Please submit the following in addition to this application form:

____ Two letters of reference from any of the following, Academic Dean, a Preceptor, a medical school faculty member, or a professional reference from a DO or MD of your choice.

____ Official College of Osteopathic Medicine registrar will be asked to provide a letter of good standing to qualify for the Denver Osteopathic Foundation Scholarship. DOF will request the letter after receiving the applications.

____ Curriculum vitae: please include your volunteer and leadership experiences you wish to have considered.

____ Please write one page that summarizes the vision you hold for your personal practice and ideas or actions you have taken to help obtain this goal.

What is your intention or plan to practice in Colorado after completion of your residency?

How do you believe your practice will help fulfill the DOF Mission?

How do you see yourself as a leader in the community or profession that could advance osteopathic awareness?

Please note that scholarship finalists may be asked to meet with DOF's Board of Directors for an interview.

I affirm that the statements on this application are true, complete and correct. The Foundation may verify the above information with my College of Osteopathic Medicine.

Applicant's Signature

Date

Submit application and all requested documents by March 15, 2024 to:

Denver Osteopathic Foundation
Julie Collett, Executive Director
8401 S. Chambers Road
Englewood, CO 80112

Email: Director@dofound.org
PHONE: 720-262-3845

Applications should be postmarked no 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 will not be accepted. All applications will be acknowledged when received. All applications are reviewed by the DOF's Board of Directors for action.

CONDITIONS OF SCHOLARSHIP AWARD

Scholarship is offered for one academic year at a time. Students 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 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 institutions.

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.

The Denver Osteopathic Foundation will directly apply scholarship funds to the student's financial account.

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:

- Commitment to the osteopathic profession-1 page summary
- References and evaluations
- CV-with volunteer and leadership experiences
- Letter of good standing from the College of Osteopathic Medicine Registrar

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

Denver Osteopathic Foundation Scholarship Application



Deadline: March 15, 2024

Please Print

Applicant's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Email: _____

EDUCATION

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: _____

Medical School

Name: _____

Location: City: _____ State: _____

Date of entrance: _____

GPA: _____

as of: _____

Use this space for any additional information you wish to share: that helps us get to know you(?)

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 : _____

DENVER OSTEOPATHIC FOUNDATION
8401 S. Chambers Road, Englewood, CO 80112
720-262-3845
www.dofound.org

For use by the Denver Osteopathic Foundation:

Date received: _____ Action: _____

I, _____, hereby consent that the Denver Osteopathic Foundation is authorized to use my name, portrait, picture, photograph, or any reproduction of myself for promotional purposes.

I also consent to the Foundation contacting my College of Osteopathic Medicine to obtain if needed my transcripts, quartile, rank in class and Grade Point Average; as well as, in the future to verify my good standing for the 4th year of medical school.

In addition, I give consent to my College of Osteopathic Medicine to release the above information to the Denver Osteopathic Foundation.

Furthermore, I also acknowledge and agree to abide by the Foundation's Withdrawal/Leave of Absence Policy if I should withdraw or take a leave of absence from medical school.

The undersigned warrants that he/she has reached the age of legal majority according to the state of Colorado.

Scholarship Applicant's Signature

Date

Amount Awarded: _____ Date: _____