



## Denver Osteopathic Foundation Scholarship Information and Application

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## **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 year medical students. Second year (transitioning to 3rd year) third and fourth year (graduating) medical students are eligible to apply.
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: **May 15** of each year. Notification is anticipated before August 1.

## **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. If you filed a Federal Tax return in the last year, DOF request a copy of that return. If you did not file a tax return, please submit a statement that you did not file a tax return.
2. Two (2) letters of reference from two of the following; the Academic Dean, a preceptor, a faculty member or a professional reference from a D.O.
3. Medical school transcripts for all years to date of completed work. 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. CV.
6. Statement of intent to practice in Colorado.
7. 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

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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.

The Denver Osteopathic Foundation expects that grant funds from DOF will be used to support the applicant's education.

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
- intent 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: May 15***

## 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. The Foundation should be notified for publicity of the award, including news releases, features, pictures, etc.
2. The Foundation reserves the right to verify independently medical education progress and academic performance.

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### **EDUCATIONAL FINANCIAL AID APPLICATION**

The Denver Osteopathic Foundation provides support for osteopathic medical education and related activities, health care and social service programs of benefit to the general public, and scholarships to osteopathic medical students.

All requests to the Foundation must be made on the appropriate application form. Please read questions carefully before completing the form. As a general rule, answers to questions should be typed within the space provided.

#### **DEADLINE: May 15**

There is only one annual deadline for student financial assistance applications. Eligibility is restricted to third and fourth year osteopathic medical students. All students are considered for scholarships. An application form must be completely filled out with each renewal request.

Please submit the following, in addition to this application form:

- A. Copies of your two most recent Federal income tax returns.**  
(If this is a renewal application, please send only the most recent return.)
- B. Statement of intent to practice in Colorado.** (First request only)
- C. Transcripts for all work completed first and second year of medical school.** (If applying for fourth year financial aid, please submit year three as well)
- D. CV.** (First request only)
- E. Notification from the registrar of your current grade point average and rank in class.**
- F. Two letters of reference from any two of the following, Academic Dean, a Preceptor, a medical school faculty member, or a professional reference from a D.O. of your choice.**
- G. Submit an essay, not more than one page double-spaced about your role in the future as a physician in community service.**

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Candidate's Name (Please print or type)

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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. \_\_\_\_\_

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## 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 School: (circle) 3 4

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

This application is for the 20\_\_\_\_/20\_\_\_\_ 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. Use a separate sheet as needed.)

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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? \$ \_\_\_\_\_

19. I am planning a residency: Yes \_\_\_ No \_\_\_ In area of anticipated specialty \_\_\_\_\_

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

21. Please identify current sources of income for self or family and/or funding for your education:

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22. Please list current assets:

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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 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) 996-1140  
FAX (303) 996-1142

For use by the Denver Osteopathic Foundation:

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

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