



Scholarship Application

Resident Retention

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date of Birth	
Street Address		City	State	Zip
Home Phone	Cell Phone	Email Address		

EDUCATION

High School	City	State	Graduation Date
College or Other Professional School		City	State
Degree Earned		Graduation Date	GPA
College or Other Professional School		City	State
Degree Earned		Graduation Date	GPA
Medical School		City	State
Degree Earned		Graduation Date	GPA
Residency or Fellowship Program		City	State
Date of Entrance		Graduation Date	

PRACTICE

I intend to practice in (geographic area): _____

LOANS *Please list all academic loan obligations*

Undergraduate (total amount owed)	Medical School (total amount owed)
-----------------------------------	------------------------------------

EXPERIENCE *Please list volunteer or work experience in a medical or medically related field.*

Position	Organization/Business	Year(s)
Position	Organization/Business	Year(s)
Position	Organization/Business	Year(s)

Please list medical school student activities or community service. Attach an additional page if needed.

1. _____

2. _____

3. _____

REFERENCES *Please list two professional references (employers, faculty, or preceptors).*

1. _____

Name	Relationship	Phone or Email Address	
Street Address	City	State	Zip

2. _____

Name	Relationship	Phone or Email Address	
Street Address	City	State	Zip

STATEMENT *Please write a brief personal statement that explains why you are applying for this scholarship and attach it on a separate page.*

SIGNATURE

I affirm that the statements on this application are true, complete, and correct. I hereby authorize the Osteopathic Foundation to make any inquiries deemed necessary concerning the information provided.

Applicant

Date

The completed application may be submitted by mail or email; it must be received by March 31.

Osteopathic Foundation of West Michigan
800 E. Ellis Road, Norton Shores, MI 49441

contact@osteopathicfoundation.org