



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
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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 have a signed contract to practice with:*

Practice Name	Street Address of Work Location	City
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LOANS *Please list all academic loan obligations*

Undergraduate (total amount owed)

Medical School (total amount owed)

SERVICE *Please list volunteer or community involvement.*

Position	Organization/Business	Year(s)
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Position	Organization/Business	Year(s)
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REFERENCES *Please list two professional references (employers, faculty, or preceptors).*

1.

Name	Relationship	Phone or Email Address
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Street Address	City	State	Zip
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2.

Name	Relationship	Phone or Email Address
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Street Address	City	State	Zip
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STATEMENT *Please write a brief personal statement that describes how osteopathic philosophy influences your practice and why you choose to practice in West Michigan.*

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 on or before March 31.

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

contact@osteopathicfoundation.org