



Scholarship Application

For Medical Education Scholarships &
The Dr. David A. Dora Medical Education Scholarship

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

Date of Entrance Anticipated Completion Date

Current Year of Medical School: 1st 2nd 3rd 4th

TUITION *What is your anticipated tuition cost for the upcoming academic year (total)?* \$ _____

SCHOLARSHIPS *Please list all other scholarships for which you have applied.*

Source	Pending	Approved	Amount
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

FINANCIAL AID *Are you eligible for governmental financial aid?* Yes No Have not applied

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 Title Relationship

Email Address Phone

2. _____
Name Title Relationship

Email Address Phone

FUTURE RESIDENCY & PRACTICE

What field do you intend to pursue in residency? _____

Do you intend to participate the residency program at Mercy Health Muskegon? Yes No

Do you desire to practice in Muskegon, Newaygo, Oceana, or northern Ottawa counties? Yes No

STATEMENT Please write a brief personal statement and attach it to this application.

- Explain why you are applying for this scholarship
- Describe any unusual financial circumstances that may warrant consideration by the Foundation
- Identify current sources of income for self or family and/or funding for your education (employment, savings, scholarships, personal loans, etc.)

CONFIRMATION OF STUDENT STATUS Please attach a letter, an email, or an official statement from your registrar acknowledging that you are currently a student in good standing in the osteopathic program.

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

Note: All qualifying third-year students will be considered for the Dr. David A. Dora Medical Education Scholarship. No additional application or submission is required.

The completed application may be submitted by mail or email; it must be received on or before April 30, 2021

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

contact@osteopathicfoundation.org