EIGHT & FORTY FOUNDATION
MEDICAL SCHOLARSHIP FUND

Directions for Completing Scholarship Application

We are pleased to send you the application you requested to assist you further with your education for a position in pediatric related medical care. The following forms are attached. To be eligible to apply you must have successfully completed the first year of medical related training. The scholarship amount being offered is $1,000 per semester, renewable for a second semester.

THE APPLICATION

Please type or print clearly with black ink. Answer all of the questions. If you need additional space to answer a question, please clearly label the information and attach it to the application. **DO NOT STAPLE and send all documents in together, if possible.**

THREE FORMS OF REFERENCE

These forms are to be sent to the individuals you have listed in the application for reference. Complete Section I of these forms before forwarding to your references. Recommended references include:

* Supervisors, co-workers, or multi-disciplinary team members.
* Recent employers.
* A faculty member of the school from which you attended or graduated.

If the above-recommended references are not available, you may list anyone who can attest to your character and integrity. It is strongly suggested that a reference alternate be selected from one of your current or recent instructors. If you were an Eight & Forty Scholarship winner from the previous year, you are only required to submit one reference.

TRANSCRIPTS

Attach your transcripts from your school of medical study and transcripts of all other college or university credits to your application. You may have these sent directly to the address below.

APPLICATION DEADLINE

Applications must be **postmarked no later than May 15th** to be considered. Send completed application, transcripts, and supporting documentation to:

The Eight and Forty Foundation
PO Box 266
Crawfordsville, IN 47933-0266

ANNOUNCEMENT OF AWARDS

Announcement of awards will be made on July 1st. All applicants will be notified in writing.

Your prompt and careful attention to directions for completing your application will facilitate the Selection Committee's review and action. Please keep us informed of your current address.

SCHOLARSHIP APPLICATION

EIGHT & FORTY FOUNDATION MEDICAL SCHOLARSHIP

FUND SCHOOL YEAR 2027

Please type or print in black ink.

Name of Applicant: Mr. Mrs. Ms. _____
(circle one)

Date of Birth: _____ Age _____ Are you a U.S. Citizen? Yes ☐ No ☐

Address: _____ City/State/Zip: _____

Phone: ( ) _____ Email: _____

Year of initial medical licensure: _____

Year in which you completed or anticipate completing the following degrees:

Associate: _____ Bachelor: _____ Master: _____ Doctorate: _____

MD: _____ Other: _____

List three people you will be using for references.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

List educational institutions attended beginning with the most current.

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

List all professional positions held beginning with the most current.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List professional and civic organizations in which you have been active and any offices held.

_____

_____

_____

_____

_____

What field of medicine do you want to specialize in?

_____

Have you or will you be applying for other scholarships, assistantship, and/ or fellowships? Yes ☐ No ☐

If you answered "yes," please explain: _____

_____

How many months do you anticipate you will be in school and unable to work fulltime? _____

Outline your proposed program of study and plans for your future professional career.

Include items such as the following:

What are your career goals? How are your goals related to your past education and experience?
How will your proposed program prepare you to make a more effective contribution?
Upon what criteria have you based your program and university selection?
For what position are you preparing? (This is a critical question and will be used as a major factor in evaluating your application.)
Total number of credit hours needed to complete your degree.

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

Provide any information in which you wish the Selection Committee to have that is not included in this application. *Examples: personal interests, major projects, professional development, etc.*

List the number of dependents you currently have: _____

Total Monthly Net Income: $_____ Total Monthly Needs: $_____

What is the cost per credit hour at the school you will be attending? _____

General state of financial need:

_____

_____

_____

_____

_____

_____

Name of Applicant: _____

COMPLETE EACH OF THE FOLLOWING STEPS BEFORE RETURNING YOUR APPLICATION.

- Attach medical school transcripts and transcripts of all other colleges or universities attended. You may have transcripts sent directly to the address below.
- Attach all supporting documents that you wish to be considered.
- You should discuss your plan of study with an advisor who is aware of current trends pediatric care and university offerings and requirements.
- An advisor's endorsement is required.
- Carefully read and sign the "Applicant's Statement of Understanding."
- Forward completed application and supporting documents to:

Eight and Forty Foundation
Medical Scholarship
PO Box 266
Crawfordsville, IN 47933-0266

APPLICATIONS MUST BE POSTMARKED NO LATER THAN MAY 15th

ADVISOR'S ENDORSEMENT

I have read and endorse this application and accompanying documentation. I believe that this candidate is eligible for the Eight and Forty Foundation Medical Scholarship Award.

Name and Title: _____

Address: _____

_____

_____
Signature of Advisor Date

APPLICANT'S STATEMENT OF UNDERSTANDING

I understand that if I am granted an award, I am obligated to work on the completion of my education to secure a position with direct pediatric care. Furthermore, I understand that I am responsible to notify Eight and Forty Foundation if, for any reason, I am unable to complete a quarter or semester.

_____
Signature of Applicant Date

EIGHT & FORTY Foundation
MEDICAL SCHOLARSHIP FUND

PERSONAL OR PROFESSIONAL REFERENCE FORM

Section I (to be completed by the Applicant – please type or print)

_____ is applying for an
(Full Name)

Eight & Forty Foundation Medical Scholarship Award. These educational funds are sought

to assist the applicant in completing _____
(Degree, major, and/ or program)

at _____, _____
(College or University) (City, State)

Section II

To individuals serving as a Personal or Professional Reference:

Your cooperation is requested in the interest of the applicant listed above. Please complete the reverse side of this form and return postmarked no later than **May 15th**. Forms received postmarked after this date will not be considered. Return to:

Eight & Forty Foundation
Medical Scholarship
PO Box 266
Crawfordsville, IN 47933-0266

The Eight & Forty appreciates any pertinent information that would be helpful in appraising the suitability of the Applicant for a Medical Scholarship. Your opinion regarding the character, integrity, personality, and the potential for advanced study and career success in the field which preparation is desired, will help the Eight & Forty in accessing the Applicant's qualifications for a scholarship. The scholarship is extremely competitive and is awarded based on need and worthiness. Please make clear and careful distinctions between strong and weak characteristics of the Applicant and rank each one in relation to others you have known who have had comparable educational opportunities and experiences.

Please return form no later than May 15th

Section III (to be completed by the Reference – please type or print)

Name of Applicant: _____

Rate those traits that apply and of which you have knowledge.

	Top 2%	Top 10%	Top 25%	Upper 50%	Lower 50%	No Judgment
Ability to express self orally						
Ability to work effectively with others						
Has a clear sense of direction						
Demonstrates the effort necessary to achieve goals						
Interest in medical care of children						
Leadership qualities						
Professional knowledge						
Displays moral integrity and demonstrates reliability						
Intellectual Ability						

How long have you known the applicant? _____ years In what capacity? _____

Additional comments _____

_____

_____

_____

_____

_____

Name of Personal/ Professional Reference: _____

Address: _____

Signature: _____ Date: _____

Please return form no later than May 15th