

APPLICATION

Osteopathic Medical School Scholarship for New Jersey Residents

Sponsored by the
NEW JERSEY OSTEOPATHIC EDUCATION FOUNDATION
One Distribution Way • Suite 201 • Monmouth Junction, NJ 08852 • 732-940-9000

INSTRUCTIONS

This application should be typed or printed legibly, signed and dated. Applications that are not complete, as stated, will not be considered. The following items must be submitted with this application.

1. Copy of your federal tax return and/or a copy of your parents' federal tax return if you are dependent on them for any of your support
2. Your photograph
3. Statement on Osteopathic Motivations and Financial Need (see item #22)
4. References

For the application to be considered, you must:

1. Submit a copy of your acceptance letter to the New Jersey Osteopathic Education Foundation (NJOEF).
2. Make arrangements for your academic records to be received by NJOEF directly from your college and/or testing institution.
3. Use the AAMC THx System to print and mail your official MCAT score report to NJOEF. Official MCAT score reports include a validation code at the top along with specific identification information. NJOEF uses the code to electronically confirm the accuracy of your scores with AAMC.

All scholarship applications should be filed with the Executive Director of the New Jersey Association of Osteopathic Physicians and Surgeons at the NJOEF address listed above before April 30 to be considered for the fall term. Scholarships are awarded only to students who present evidence of high scholastic achievement, characteristics conducive to success in the osteopathic profession and financial need.

Applicant should have a B average or a 3.0 point grade on a 4.0 grading system and be in the upper 25% in their class standing. Scholarships are granted for the freshmen year. The scholarship sum will be paid directly to the osteopathic college in which the student matriculates to cover a part of the first year's tuition. The Scholarship Committee may request additional information of the applicant. Selected applicants will be notified in late May for an interview with the Scholarship Committee in June. Announcement of scholarship awards will be made as soon as possible following the interview.

Application Date _____

1. Name of Applicant:

Mr. Miss Ms. Mrs. _____
Last First Middle

2. Legal Residence:

Street Address _____

City _____ State _____ County _____ ZIP _____

Telephone Number _____

Email Address _____

3. Date of Birth _____ Birthplace _____ SSN _____
City, State

4. Father's Name _____ Living? Yes No
Last First Middle

Home Address _____
Street Address City State ZIP

Annual Income \$ _____ Occupation _____

Employed By _____

5. Mother's Name _____ Living? Yes No
Last First Middle

Home Address _____
Street Address City State ZIP

Annual Income \$ _____ Occupation _____

Employed By _____

6. List your siblings living at home, indicating whether they are dependent on your parents for their support:

Name	Age	School or College	Dependent?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

7. How did you learn of the New Jersey Osteopathic Education Foundation Scholarship? _____

8. List **all** medical schools to which you have applied, both osteopathic and allopathic.
Please indicate which medical school you will be attending.

Medical School	Status
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending

9. Are you a citizen of the United States? Yes No

10. Are you a legal resident of New Jersey? Yes No

If Yes, for how many years prior to the date of this application? _____

11. List all grants, loans and scholarships for which you have applied (including Public Health Service Awards and Armed Forces Service Grants).

Scholarship/Grant	Status
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending

12. Have you borrowed money to complete your undergraduate education? Yes No
If Yes, how much is owed and to whom? _____

13. Where have you taken pre-professional (i.e., undergraduate) training?
College or University: _____
City and State: _____

14. Years completed? _____ Degree _____ Year _____

15. Marital status: Single Married Number of Children _____

16. If married, spouse's occupation _____ Annual Income \$ _____
Employed By _____

17. Military Service Record:
Branch of Service _____ Length of Service _____
Rating or rank upon discharge _____
Do you have benefits remaining under the G.I. Bill of Rights? Yes No If Yes, for how long? _____

18. What funds are available to you for your first year of professional education?

Immediate Family	\$ _____	Employment	\$ _____
Other Relatives	\$ _____	Grants	\$ _____
Cash on Hand	\$ _____	Scholarships/Loans	\$ _____
		Total	\$ _____

19. Anticipated **total** expenses for your first year: \$ _____

20. Do you own a life insurance policy? Yes No Amount \$ _____ Term Whole Life

21. List your extra curricular college activities and type of employment (if any) during the last five years.

22. On a separate sheet of paper write an informal statement telling why you want to be an osteopathic physician and why you need the scholarship.

23. List four individuals (non-relatives) who are well acquainted with you and will serve as references. Among them, include one osteopathic physician, and one pre-medical advisor or one faculty advisor. Each reference must complete the accompanying Student Scholarship Evaluation Form and submit to NJOEF by **April 30**.

Reference A	Reference B
Full Name: _____	Full Name: _____
Street Address: _____	Street Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Title or Profession: _____	Title or Profession: _____
Reference C	Reference D
Full Name: _____	Full Name: _____
Street Address: _____	Street Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Title or Profession: _____	Title or Profession: _____

24. AGREEMENT:

If I become a recipient of a New Jersey Osteopathic Education Foundation Scholarship, I agree to join the New Jersey Association of Osteopathic Physicians and Surgeons and the American Osteopathic Association. I also agree to complete my osteopathic education, attain my DO degree, and participate preferentially in an AOA-approved internship/residency if possible. If I do not meet these requirements, the scholarship becomes a loan and is repayable with interest.

Initial in Agreement: _____

If I receive a full-tuition scholarship from another source after I have received the NJOEF Scholarship, I agree to immediately notify NJOEF. I understand the NJOEF Scholarship would be withdrawn and a full refund would be expected from the college to which it was sent.

Initial in Agreement: _____

25. I attest that all of the information provided in this application is true.

Signature _____

REMINDER: Refer to instructions on page 1. Please ensure you include the following items with your application:

- Tax Return
- Photograph
- Statement
- References (may be sent separately by the reference)

IMPORTANT: Once this application is submitted, please forward any **additional** information or changes covering any item on this form.