

# APPLICATION

## Osteopathic Medical School Scholarship for New Jersey Residents

Sponsored by the  
NEW JERSEY OSTEOPATHIC EDUCATION FOUNDATION  
666 Plainsboro Road • Suite 356 • Plainsboro, NJ 08536 • 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. A copy of your acceptance letter from an osteopathic medical school.
2. Your photograph
3. Complete answers to all questions.
4. A current curriculum vitae.

For the application to be considered, you must:

1. Make arrangements for your academic records to be received by NJOEF directly from your college and/ or testing institution.
2. Use the AA.MC TI-Ix 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 A.A.MC.
3. Have the application notarized.

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 May 31 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.

Scholarships are granted for the first year of osteopathic medical school. 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.

Application Date: \_\_\_\_\_

1. Name of Applicant:

Mr.  Ms.  Mrs. \_\_\_\_\_

2. Legal Residence:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace \_\_\_\_\_ SSN \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

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

6. Are you a legal resident of New Jersey  Yes  No

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

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

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

\_\_\_\_\_  Accepted  Rejected  Pending

8. Have you borrowed money to complete your undergraduate/graduate education?  Yes  No

If Yes, how much is owed and to whom? \_\_\_\_\_

9. Where have you gone for graduate and undergraduate studies?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Applicant's occupation and employer: \_\_\_\_\_

Applicant's income: \_\_\_\_\_

11. Marital status:  Single  Married Number of Children: \_\_\_\_\_

If married, spouse's occupation and employer: \_\_\_\_\_

Spouse's annual income: \_\_\_\_\_

12. Military Service Record  Yes  No

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? \_\_\_\_\_

13. 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	\$

14. What are your anticipated TOTAL expenses for your first year of school? \$ \_\_\_\_\_

15. List your extracurricular college activities and type of employment (if any) during the last five years.

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16. 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.

17. Did you have to work while in college and/or graduate school?  Yes  No If yes, how many hours per week? \_\_\_\_\_

18. My outstanding educational debt entering osteopathic medical school is:

- Less than \$50,000
- Between \$50,000 and \$100,000
- Between \$100,000 and \$200,000
- Over \$200,000

19. How much financial support can you expect from your spouse, parents and/or relatives?

- None
- Less than \$10,000
- Between \$10,000 and \$20,000
- More than \$20,000

20. Are you considered a non-traditional student? (i.e., you are an osteopathic medical student who did not go directly to an osteopathic medical school from an undergraduate program and you have family or work commitments.) Yes  No  
If yes, explain. \_\_\_\_\_

21. List any community organizations which you are actively involved that directly benefits the community and/or the underserved.

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22. In 50 or fewer words, briefly explain any life challenges you experienced while applying to osteopathic medical school.

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23. To better understand osteopathic orientation, we recommend applicants shadow at least two osteopathic physicians. Please list the physicians you have shadowed, along with contact information and number of hours with each physician.

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24. Are any of your extended family members osteopathic or allopathic physicians? Please list with degrees.

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25. List three individuals (non-relatives) who are well acquainted with you and will serve as references. Among them, include at least one osteopathic physician. Each reference must complete the accompanying Student Scholarship Evaluation Form and submit to NJOEF by **May 31**.

**Reference A**

Full Name:  
Street Address:  
City, State, ZIP:  
Phone:  
Email:  
Title or Profession:

**Reference B**

Full Name:  
Street Address:  
City, State, ZIP:  
Phone:  
Email:  
Title or Profession:

**Reference C**

Full Name:  
Street Address:  
City, State, ZIP:  
Phone:  
Email:  
Title or Profession:

26. **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.

Initial 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: \_\_\_\_\_

Failure to disclose all information requested will lead to forfeiture of the scholarship and return of funds.

Initial in Agreement: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

- Photograph
- References (may be sent separately by the reference)
- All questions answered

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

Please have your application notarized.

Name: \_\_\_\_\_

Notary Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Notary Signature \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Stamp