



**2011 Monash/Mitchell Medical Student Scholarships Program**  
**Sponsored by The Chicago Community Trust**

**Application for the (please check one of the following):**

**Service Scholarship**                       **Residency Scholarship**

- Nomination by Medical School Dean
- Completed and Signed Application
- Personal Statement (1000 – 1500 words)
- Community Health Proposed Project  
(all Community Service applicants)
- Copy of Residency Contract with Chicago Medical School  
(all Residency applicants)
- Documentation of Financial Need (Undergrad & Med School)  
[Complete record (current and undergraduate) from the National Student Loan Data System. Please visit: [http://www.nslds.ed.gov/nslds\\_SA/](http://www.nslds.ed.gov/nslds_SA/) to access your records.]
- Curriculum Vitae
- Official Medical School Academic Transcript
- Two Recommendation Letters
  - Academic Recommendation
  - Personal Recommendation

**ORIGINAL COPIES OF ALL APPLICATION MATERIAL MUST BE RECEIVED BY:**

**Service Scholarships: April 15, 2011**

**Residency Scholarships: April 28, 2011**

Monash/Mitchell Medical Student Scholarship Program  
National Medical Fellowships, Inc.  
347 Fifth Ave., Ste. 510  
New York, NY 10016  
212-483-8880

*Facsimiles will not be accepted*

## **Monash/Mitchell Medical Student Scholarship Program**

In 2010, with support from The Chicago Community Trust, NMF launched the Monash/Mitchell Medical Student Scholarship Program. The 2040 Project predicts that Chicago will become increasingly diverse and lack an adequate workforce to satisfy the population's healthcare needs by 2040; the goal of the program is to help Chicago meet its need for culturally competent physician-leaders to better serve the community and ultimately improve health. The Monash/Mitchell program recruits and supports the medical education of a cadre of promising potential physician-leaders and serves as a model for how community foundations can impact constituents' health. As the region produces its next generation of health professionals, it is imperative to ensure leadership opportunities for those committed to the provision of healthcare services to underserved communities.

The Monash/Mitchell Scholarships recognize excellence and commitment to community service as well as leadership potential by providing financial support, community service opportunities, and access to healthcare leaders in the region and in the nation. Scholars will be distinguished by their service commitment and education/training in Chicago.

### **Eligibility Requirements:**

Eligibility for the Service awards is limited to Chicago medical students, who are committed to pursuing a career in medicine and have evidence of a commitment to community service. To be eligible for Service Scholarships, candidates must have completed their first or second year of medical school and be enrolled in an accredited Chicago medical school (MD or DO). During the award period, scholars must participate in a clinical rotation or volunteer service in an approved community health setting for no less than 200 hours.

Eligibility for the Residency Scholarship awards is limited to Chicago medical students, who are committed to pursuing a career in medicine and have evidence of a commitment to community service. Applicants are required to submit proof of match in a Chicago medical school in primary care, community/family medicine care or related residency prior to receipt of scholarship monies.

Candidates must demonstrate outstanding academic achievement as evidenced in academic transcripts, faculty evaluations, receipt of special academic or national medical society honors, fellowships, awards; leadership as indicated by active participation in international health, community-based activities or initiation of innovative projects; and potential for distinguished contributions to medicine as indicated by participation in research, publications or unique clerkships.

### **Application and Selection Criteria:**

Students must be nominated by their medical school deans. Each completed application must be accompanied by a letter of nomination that explains the candidate's academic and leadership accomplishments during medical school, an official academic transcript, financial aid documentation (**undergrad and medical school**), a curriculum vitae, two recommendation letters, and a personal statement (1000 to 1500 words) in which the applicant discusses his/her motivation for a medical career and commitment to primary care and/or their voluntary service in a healthcare setting.

For those applying for a **Service Scholarship**, a second essay detailing a proposed community service project must also be submitted. The community service project requires a minimum of 200 hours in a Chicago healthcare setting and must be completed no later than September 30, 2011. For those applying for a **Residency Scholarship**, a copy of the Residency program contract with a Chicago medical school must be submitted with the application.

Applicants must demonstrate and document financial need by submitting complete copies of their parents', spouse and their own most recent 1040, 1040A or 1040EZ tax forms. All nontaxable income (e.g. AFDC, ADC, Social Security benefits, etc.) must also be documented by the appropriate agency. Applicants lacking evidence of taxable or nontaxable income must provide verification of means of support. All parental financial data must be submitted in order to evaluate dependent status.

## **Application Procedure:**

The application is contained within this package. Please type or neatly print in black ink. Provide all information requested. Your application should contain all application materials in the order requested and be bound by paper clips. Do not staple any part of the application. Do not submit this application description.

Your name, medical school and last four (4) digits of your social security number must appear on each extra page submitted with your application.

Application material must be mailed to NMF at the address listed at the end of this description.

## **Review Process:**

NMF will evaluate all application for completeness. A checklist to ensure the submission of all required documents is detailed as the first page of this application.

NMF objectively reviews each of the application based on the candidate's credentials and financial need. Applicants are ranked by the Monash/Mitchell Advisory Board on the basis of medical school recommendations, personal statement, academic achievements, and community service. Finalists may be interviewed by the committee. A rigorous application process ensures that assistance is provided to students with the greatest documented need and strong commitment to community health and primary medicine.

## **Number/Value of Awards and Restrictions:**

The Monash/Mitchell Service Scholarships are available to six (6) second- or third-year medical students who each receive \$5,000 for conducting a community health elective rotation. Residency Scholarships are available to four (4) scholars who have completed medical school, matched as clinical residents in the Chicago area, and exhibit commitment to underserved populations; \$25,000 is awarded to each and 80% must be used to decrease medical school debt. Documentation of the use of funds is required and awardees must commit to providing annual updates to NMF about their progress for five years.

## **Program Requirements**

The culmination of the program is a colloquium focusing on the themes of how these scholarships are helping the scholars prepare for healthcare needs in 2040, and have enhanced their commitment to service in Chicago. During this event, Service scholars will give individual PowerPoint presentations on their community health rotations in addition to the submission of a written report on the project. Residency scholars will each give a short PowerPoint presentation, and provide a 500 word written report on their commitment to community service in Chicago. The report must also explain how this scholarship will assist the scholar in becoming a more culturally competent physician leader to better serve the healthcare needs of our future population. Participation and individual presentations (oral and written) at the colloquium are required as a condition of each award.

## **Application Deadline:**

Applications must be postmarked **by April 15, 2011 for Service Scholarships and April 28, 2011 for Residency Scholarships**. Applicant will be notified of a final decision **June 15, 2011**. Please do not contact NMF about application status.

## **For additional information please contact:**

National Medical Fellowships, Inc.  
The Monash/Mitchell Scholarship  
547 Fifth Ave., Ste. 510  
New York, NY 10016

Phone: (212) 483.8880 x304  
E-Mail: [mbrito@NMFonline.org](mailto:mbrito@NMFonline.org)  
WEB: [NMFonline.org](http://NMFonline.org)



**Applicant Name:**

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**Education:**

	Name	City & State	Dates Attended	Major	Degree	Degree rec'd (date)
High School						
Undergraduate						
Graduate						
Other						

**Please list all research projects in which you have participated. Include the year in which the research was done.** (Use additional sheets if necessary)

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**Please list academic honors, prizes or scholarships received in college.** (Use additional sheets if necessary)

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**Please list extracurricular activities and community involvement. Include offices held.** (Use additional sheets if necessary)

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**Employment Experience:**

Name of Employer	Address	Position	Dates of Employment

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**Applicant Name:** \_\_\_\_\_

**Parental Information:**

**Father's Name:** \_\_\_\_\_  
(First, MI, Last)

**Mother's Name:** \_\_\_\_\_  
(First, MI, Last)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Level of Education:** \_\_\_\_\_

**Level of Education:** \_\_\_\_\_

**Annual Gross Income:** \_\_\_\_\_

**Annual Gross Income:** \_\_\_\_\_

**Parent's Marital Status:** Married  Divorced  Separated  Widowed  Never Married

List below names and ages of all siblings. Use separate sheet (if necessary).				
Name	Age	Living with family	Name of Current College/School (If attending college full-time, complete sibling verification form)	Grade level
1		Yes No		
2		Yes No		
3		Yes No		
4		Yes No		

**Spouse's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Spouse's Address:** \_\_\_\_\_  
(No. and Street) (City) (State) (Zip)

**Spouse Employer:** \_\_\_\_\_ **Gross Annual Income \$** \_\_\_\_\_  
(Name) (City & State)

**Please list all Dependents:**

Name:	Age:	Relation:	Currently in college:

**Applicant Name:**

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The following information **MUST** be provided whether or not you consider yourself independent.

	Previous Year	Current Year
Have you lived with your parents for more than six weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did or will your parents claim you as a US income tax exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did or will you get more than \$1,200 worth of support from your parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Income and Expense Information**

	Parents	Applicant
1. U.S income tax return for this year has or will be filed by	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. This year's adjusted gross income from IRS tax form (if filling)	\$ _____	\$ _____
3. This year's income earn from work by (if not filling)	Mother \$ _____ Father \$ _____	Applicant \$ _____ Spouse \$ _____
4. Other income and benefits		
a. Social Security benefits (parents include the applicant's benefits)	\$ _____	\$ _____
b. Aid to families with dependent children (AFDC or ADC)	\$ _____	\$ _____
c. All other income and benefits (child support, disability, veteran benefits)	\$ _____	\$ _____

**DOCUMENTATION FOR ALL TAXABLE AND NON-TAXABLE INCOME MUST BE SUBMITTED WITH THIS APPLICATION**  
You must submit complete tax returns and W2 forms or verification of means of support for yourself, spouse and each parent.

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**Asset information**

(All information **MUST** be provided: if inapplicable, put "0" or "n/a")

	Parent(s)		Applicant & Spouse	
	Value	Amount owed?	Value	Amount owed?
1. Cash, savings, and checking accounts	\$ _____	\$ _____	\$ _____	\$ _____
2. Home (renters write "0")	\$ _____	\$ _____	\$ _____	\$ _____
3. Other real estate and investments	\$ _____	\$ _____	\$ _____	\$ _____
4. Business and farm	\$ _____	\$ _____	\$ _____	\$ _____

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**Applicant Name:** \_\_\_\_\_

**Personal Statement**

Provide a statement of 1000-1500 words discussing your personal and professional motivation for a medical career and commitment to primary care and/or their voluntary service in a health setting. Your name, medical School and last four digits of your Social Security number must appear on each page.

**I hereby affirm that all the foregoing information is true and accurate I further agree to submit additional documentation to verify the information reported on this form and any supporting material, and understand that deliberate misrepresentation of the facts will void this application. I also understand that this application and all supporting materials will be reviewed by NMF staff, at any point during my tenure in medical school, in consideration of scholarship or special awards for which I may be eligible. I give my permission for this application and supporting documentation to be copied and distributed only for this purpose.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Original copies of all application material must be sent to:**

**National Medical Fellowships  
347 Fifth Ave., Ste. 510  
New York, NY 10016**



**VERIFICATION FORM FOR DEPENDENT SIBLING(S) IN COLLEGE**

(NOTE: Copy and complete a separate form for each sibling)

**To NMF applicant:** Please complete this section and request the registrar's office at colleges attended by sibling(s) (enrolled full-time only) to complete and return this form directly to National Medical Fellowships at the address below.

**NMF Applicant's Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tel#:** \_\_\_\_\_

**Scholarship Applying for (check one of the following):** \_\_\_\_\_ **Service**

\_\_\_\_\_ **Residency**

If this form is not received by the due date, NMF will assume that the sibling is not enrolled as a full time student, and the applicant's financial information will be adjusted accordingly.

**TO BE COMPLETED BY APPLICANT'S SIBLING:**

**Name:** \_\_\_\_\_  
(Please type or print clearly)

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize \_\_\_\_\_ to verify my enrollment information to National Medical Fellowships.  
(Name of Institution)

**Signature of sibling:** \_\_\_\_\_

**Date:** \_\_\_\_\_

To be completed by school for the above named student:

The above named student is enrolled full time:

Yes  No

Dates of enrollment:

From: \_\_\_\_\_ to \_\_\_\_\_

Degree or certificate sought: \_\_\_\_\_

Expected month/year of graduation: \_\_\_\_\_

Full name and address of school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Affix School Stamp or seal here:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Please return this form to:**

**National Medical Fellowships  
347 Fifth Ave., Ste. 510  
New York, NY 10016**



# Recommendation Form

**To the Applicant:** Please sign the consent statement below and give this form to someone who knows you well, such as a professor or employer, but not a relative or friend.

**NMF Applicant's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (MI)

**Address:** \_\_\_\_\_ **Tel#:** \_\_\_\_\_  
\_\_\_\_\_

I hereby consent that \_\_\_\_\_ Furnish NMF with the information and evaluation requested  
(Recommender)  
below. In this connection, I hereby waive my right of access to said evaluation in accordance with the Family Educational Rights and Privacy Act of 1974.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To the Recommender:** the above mentioned student has applied to NMF for a scholarship, award or fellowship. Your comments are important to the evaluation of the applicant

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

**Based on your experience with the applicant, please provide a statement on separate sheet explaining why you believe he or she is a good candidate for an NMF scholarship/award/fellowship.**

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

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

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Please return this form to:**

**National Medical Fellowships  
347 Fifth Ave., Ste. 510  
New York, NY 10016**



# Financial Aid Transcript

**Instructions:** Applicants must submit the financial aid transcript to document financial aid received at medical school. Applicant should complete **Section A** and forward this to the financial aid offices of medical schools. If you are a first year and have not yet started medical school, please provide a copy of your financial aid offer.

**Section A:** To be completed by applicant

**NMF Applicant's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

(Last) (First) (MI)

I authorize the financial aid office at \_\_\_\_\_ which I have attended  
 (Name of School)  
 from \_\_\_\_\_ to \_\_\_\_\_, to provide the information requested in **Section B** to National Medical Fellowships, Inc.

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

Address: \_\_\_\_\_

**Applicant:** Please note that it is the responsibility of the applicant to ensure that a complete, official financial aid transcript from the undergraduate career period is forwarded to NMF prior to the scholarship application deadline date.

**Section B:** To be completed by medical school

A COMPLETE TRANSCRIPT IS NECESSARY IN ORDER FOR STUDENT TO BE CONSIDERED FOR AWARD

The award information requested below cannot be provided because the student:

- Did not Apply for aid
  Was not eligible for aid
  No funds available
  Other: \_\_\_\_\_

Sources of Assistance	Award Years and Amounts of Assistance				
	Year: _____	Year: _____	Year: _____	Year: _____	Year: _____
Federal Perkins					
Federal HPSL/PCL					
Federal Stafford-Subsidized					
Federal Stafford-Unsubsidized					
HEAL					
LDS					
Other Loans ( <i>identify</i> )					
EFN					
NHSC Scholarship					
AFHPS					
BIA					
SSIG/State Grant					
FADHPS					
SDS					
NMF					
Institutional Grant					
Other Grants/Scholarships ( <i>identify</i> )					
TOTAL GRANTS/SCHOLARSHIPS					
Expected Family Contribution					
Unmet Need					

Medical School Class Year: \_\_\_\_\_

Please itemize the actual cost to be incurred by the student at your institution this year:

	Student Budget
Tuition	\$ _____
Fees	\$ _____
Room and Board	\$ _____
Indirect/Misc. Expenses	\$ _____
Total School Approved Budget	\$ _____

Is this student subject to higher non-resident tuition cost?     YES             NO

**Comments:**

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

(Please type or print)

Title: \_\_\_\_\_

School: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_            Date: \_\_\_\_\_

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

**Please return this form to:**

**National Medical Fellowships  
347 Fifth Ave., Ste. 510  
New York, NY 10016**