

DUPAGE MEDICAL SOCIETY FOUNDATION
1131 Wheaton Oaks Court
Wheaton, Illinois 60187-3051
Phone: 630.681.2870; E-mail: dcms@dcmsdocs.org

COMPLETED APPLICATIONS, WITH ENCLOSURES, MUST BE RECEIVED BY APRIL 30.

Scholarships are granted only to permanent residents of DuPage County, Illinois, entering health care fields. Students must be ENROLLED in or ACCEPTED for admission to professional education or training programs before applying. Students in prerequisite and undergraduate curriculums (i.e. pre-med) are NOT eligible for this scholarship.

Please complete all information by typewriter or printed in ink. To provide further explanation or a personal note, please attach a separate sheet. When questions do not apply, indicate with N/A.

All Applications must be accompanied by a transcript of your academic records, a copy of the front and back pages of your most recent IRS tax Return (your parents', if you are claimed as a dependent), and one letter of recommendation from an educator or employer not related to you.

Name _____ Male _____ Female _____
Last, First, Middle

Home address _____ Phone _____
Street, City, Zip

Email address: _____

Years as DuPage County resident _____ Voting Address _____

Birth date _____ Married _____ Divorced _____ Widowed _____ Single _____

Schools attended (high school, college):

| <u>School Name</u> | <u>City/State</u> | <u>Dates</u> | <u>Graduation</u> | <u>Rank</u> |
|--------------------|-------------------|--------------|-------------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List high school/college-related extra-curricular activities _____

List organized non-school activities _____

List employment during the past 3 years (Indicate name/address of last employer) _____

What course of health care study are you pursuing? _____

Into which college/university are you enrolled or accepted? _____ Years of study remaining? _____

State briefly how you plan to apply your education after graduation. If necessary, attach a separate sheet of paper.

If applicant is claimed as a dependent on parents' IRS return:

Full names of parents, if living, and address of parents _____

Father's position; employer's name and address: _____

Mother's position; employer's name and address: _____

If applicant is married:

Full name and address, if different, of spouse: _____

Spouse's position; employer's name and address: _____

Children/other dependents claimed on the IRS return submitted with this application. Exclude yourself.

| <u>Name</u> | <u>Relationship to you</u> | <u>Age</u> | <u>Occupation/status</u> |
|-------------|----------------------------|------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Complete the lists of your anticipated receipts and expenses for your next academic year.

| <u>Expenses</u> | <u>Amount</u> | <u>Receipts</u> | <u>Amount</u> |
|------------------|---------------|--------------------------|---------------|
| Tuition and fees | _____ | Savings on hand now | _____ |
| Room and board | _____ | Earnings during year | _____ |
| Miscellaneous | _____ | Aid from parents/orthers | _____ |
| | | Loans | _____ |
| | | Other scholarships | _____ |
| TOTAL | _____ | TOTAL | _____ |

Explain any exceptional circumstances or financial problems which may affect need for scholarship aid:

Please provide the name of person who will be writing a letter of recommendation on your behalf:

If you are awarded a scholarship, is there any reason in which you would be unable to inform DuPage Medical Society Foundation of the impact the award has made in the pursuit of your educational goals? _____

Please provide the following documents:

1. Transcript of academic record(s).
2. Copy of the front and back of most recent IRS Tax Return. Please redact Social Security numbers.
 - a. If self-supporting single/divorced/widowed - Your return.
 - b. If married - your joint return.
 - c. If listed as dependent on parent(s)' return - parent(s)' return.
3. Copy of letter of acceptance or proof of enrollment in professional education or training program.
4. One letter of recommendation must accompany this application.

I hereby affirm and represent that all statements, answers and information contained in this application are true to the best of my knowledge and belief.

(Signed): _____

Date: _____