

DUPAGE MEDICAL SOCIETY FOUNDATION
498 Hillside Avenue, Suite 1W
Glen Ellyn, IL 60137
Phone: 630/858-9603; 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

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 one nine month school 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/others	_____
		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:

Please provide the following documents:

1. Transcript of academic record(s).
2. Copy of the front and back of most recent IRS Tax Return
 - 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. 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: _____