



# Wisconsin Medical Society Foundation

## Amy Hunter-Wilson, MD Scholarship Application Information and Instructions

### Purpose

The purpose of the Amy Hunter-Wilson, MD Scholarship Fund is to assist American Indians who pursue training or advanced education as doctors of medicine, nurses, or in related health careers.

Award amounts are determined based on the student's field of study and financial need and will vary depending on the number of eligible applicants and funds available.

### Eligibility

- You must be a United States citizen, and be an enrolled member of a federally recognized American Indian tribe who has completed high school.
- You must be enrolled at an accredited technical school, college or university in a medical or health-related program (includes medical doctors, physician assistants, nurses, technicians and other health careers).
- Adults returning to school in a health care field or those currently working in a non-professional health-related field who are pursuing a professional license or degree are eligible to apply.
- Undergraduate students majoring in a health-related field or pre-med program are also eligible to apply.

Preference will be given to candidates from Wisconsin who are attending an educational institution in Wisconsin.

### Application Deadline

Applications must be received by **February 1** prior to the academic year in which the student wishes to attend.

### Selection

Amy Hunter-Wilson, MD scholarships are recommended by a review committee that evaluates applicants on the following criteria:

1. Financial need
2. Academic achievement
3. Personal qualities and strengths
4. Letters of recommendation

### \*\*\* IMPORTANT INSTRUCTIONS \*\*\*

It is the applicant's responsibility to see that all supporting documents are submitted in one package to be received by the Wisconsin Medical Society Foundation by February 1.

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|--|--|
| 1. Application form                      | Send to: Executive Director                |
| 2. Personal statement                    | Wisconsin Medical Society Foundation, Inc. |
| 3. Transcripts                           | PO Box 1109                                |
| 4. Letters of recommendation             | Madison, WI 53701                          |
| 5. Financial Award Letter (if available) | Phone: 608.442.3800 or 866.442.3800        |
| 6. Proof of Tribal membership            | Fax: 608.442.3851                          |

All candidates will be notified of their application status by April 1.

## APPLICATION

Please read the general information and instructions before completing the application.

1. Name: Mr. Mrs. Miss Ms. (Circle One)  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
2. Address while attending school:  
Number and street \_\_\_\_\_ Apt. no. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
3. Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Birth date \_\_\_\_\_ Birth place (city and state) \_\_\_\_\_
4. Permanent address:  
Number and street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_
5. Name of college or university enrolled - fall \_\_\_\_\_  
College address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Financial aid office telephone (\_\_\_\_) \_\_\_\_\_
6. Major \_\_\_\_\_ Number of credits - fall \_\_\_\_\_
7. Your class standing in medical school or other health program for the school year you are applying for (check one)  

<b>Vocational College</b>	<b>Four-Year College or University</b> <b>(allied health care programs to include nursing)</b>	<b>Medical/Graduate School</b>
<input type="checkbox"/> First Year	<input type="checkbox"/> Freshman	<input type="checkbox"/> First Year
<input type="checkbox"/> Second Year	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Second Year
	<input type="checkbox"/> Junior	<input type="checkbox"/> Third Year
	<input type="checkbox"/> Senior	<input type="checkbox"/> Fourth Year
8. Anticipated graduation date \_\_\_\_\_ Student ID# (if known) \_\_\_\_\_
9. Present grade point average (GPA) \_\_\_\_\_
10. Undergraduate grade point average if you are a medical student \_\_\_\_\_
11. Are you a United States citizen?       Yes       No
12. Name of high school attended \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
13. Are you a transfer student from a vocational college this year?       Yes       No
14. Father's name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

15. Name of college or organization from which you received this application \_\_\_\_\_

16. Newspaper(s) to contact if awarded a scholarship.

Name \_\_\_\_\_ City \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_

17. Personal Statement:

Please attach to this application a one to two page personal statement in which you address the following: a) family background; b) achievements; c) current higher education status; d) career goals; e) financial need for this scholarship; f) how you plan to help American Indians in helping others like yourself in the future; and g) any other information relevant to this application. This statement is an important aspect of this application and is the equivalent of an interview.

18. Transcript:

A transcript of recent high school or higher education work must accompany this application. First-year medical school students should send their undergraduate transcripts.

19. Reference:

Two letters of recommendation are required, preferably from school officials who can discuss your academic and personal achievements as well as your potential for future success. Please have those persons comment on your present enrollment, academic status and ranking among peers. It would also be helpful if the letter addressed qualities such as maturity, motivation, self-confidence, leadership and commitment. The letters should be sent with the application to be received by the Wisconsin Medical Society Foundation by February 1.

20. **Proof of tribal membership is required.** Submit verification of tribal enrollment from authorized tribal office.

### APPLICANT'S STATEMENT

21. Please estimate your living costs and income for the academic year for which you are applying.

#### ESTIMATED COSTS

Tuition \$ \_\_\_\_\_  
Books & educational supplies \_\_\_\_\_  
Rent or mortgage & utilities \_\_\_\_\_  
Transportation/car payments \_\_\_\_\_  
Household (including insurance, living expenses, food) \_\_\_\_\_  
Medical/Dental \_\_\_\_\_  
Other \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total cost for the academic year \$ \_\_\_\_\_

#### ESTIMATED INCOME

Earnings of applicant \$ \_\_\_\_\_  
Earnings of spouse \_\_\_\_\_  
Parental contribution \_\_\_\_\_  
Savings \_\_\_\_\_  
Assistance from gov't agencies \_\_\_\_\_  
Scholarships \_\_\_\_\_  
Fellowships \_\_\_\_\_  
Grants \_\_\_\_\_  
Veterans benefits \_\_\_\_\_  
Other \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total income for the academic year \$ \_\_\_\_\_

Expected unmet need \$ \_\_\_\_\_  
(Subtract total Income from total cost)  
Student loans for the academic year \$ \_\_\_\_\_

If you have applied for financial aid at your institution for the current academic year, please enclose a copy of your Financial Award Letter, if available.

In estimating your costs, please refer to your financial aid office and other college support service personnel who may be able to assist you in determining your school's estimation of tuition and fees, books and supplies, room and board, transportation, and other costs.

### FAMILY FINANCIAL STATEMENT

Please complete the financial sections as thoroughly as possible since the family financial situation is an important element in determining awards. We need to know how you will support yourself while at school and what unmet financial support you need to complete the school year. We also require that your financial situation be presented as part of your personal statement.

22. If you have been employed during the regular school year or expect to be employed this year, complete the following:  
Type of work \_\_\_\_\_ Hours per week \_\_\_\_\_ Monthly salary \$ \_\_\_\_\_

23. Marital status:     Single         Married         Single parent

24. Number of children if married or single parent \_\_\_\_\_

25. Number of brothers and sisters claimed as dependents by parents \_\_\_\_\_  
How many in college, including yourself \_\_\_\_\_

26. Parents' current marital status:  
 Single         Separated         Divorced         Married         Widowed

27. Are you considered self-supporting for financial aid purposes based on federal financial aid (FAFSA) criteria?  
 Yes         No

28. If not self-supporting, please complete parent income information:

Father's annual income level:	Mother's annual income level:
<input type="checkbox"/> Below \$20,000	<input type="checkbox"/> Below \$20,000
<input type="checkbox"/> \$20,000-\$30,000	<input type="checkbox"/> \$20,000-\$30,000
<input type="checkbox"/> \$31,000-\$40,000	<input type="checkbox"/> \$31,000-\$40,000
<input type="checkbox"/> \$41,000-\$50,000	<input type="checkbox"/> \$41,000-\$50,000
<input type="checkbox"/> \$51,000-\$60,000	<input type="checkbox"/> \$51,000-\$60,000
<input type="checkbox"/> Above \$60,000	<input type="checkbox"/> Above \$60,000

29. Total school debt to-date (student loans): \$ \_\_\_\_\_

#### 30. CERTIFICATION:

All of the information provided is complete and accurate to the best of my knowledge. I hereby give the Wisconsin Medical Society Foundation Scholarship Selection Committee permission to share this information, with the exception of my financial information, for the purpose of recruitment, and public relations. I further certify that I am currently enrolled in a medical school or in a nursing or related health career program at an accredited college or university for the upcoming academic year, and will use the Foundation Scholarship Award toward expenses related to my education. Falsification of information may result in termination of any scholarship granted. All application materials become the property of the Wisconsin Medical Society Foundation.

Signature \_\_\_\_\_ Date \_\_\_\_\_