

**EIGHT & FORTY FOUNDATION  
MEDICAL SCHOLARSHIP FUND**

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**Directions for Completing Scholarship Application**

We are pleased to send you the application you requested to assist you further with your education for a position in pediatric related medical care. The following forms are attached. To be eligible to apply you must have successfully completed the first year of medical related training. The scholarship amount being offered is \$1,000 per semester, renewable for a second semester.

**THE APPLICATION**

Please type or print clearly with black ink. Answer all of the questions. If you need additional space to answer a question, please clearly label the information and attach it to the application. **DO NOT STAPLE.**

**THREE FORMS OF REFERENCE**

These forms are to be sent to the individuals you have listed in the application for reference. Complete Section I of these forms before forwarding to your references. Recommended references include:

- \* Supervisors, co-workers, or multi-disciplinary team members.
- \* Recent employers.
- \* A faculty member of the school from which you attended or graduated.

If the above-recommended references are not available, you may list anyone who can attest to your character and integrity. It is strongly suggested that a reference alternate be selected from one of your current or recent instructors. If you were an Eight & Forty Scholarship winner from the previous year, you are only required to submit one reference.

**TRANSCRIPTS**

Attach your transcripts from your school of medical study and transcripts of all other college or university credits to your application. You may have these sent directly to the address below.

**APPLICATION DEADLINE**

Applications must be **postmarked no later than May 31st** to be considered. Send completed application, transcripts, and supporting documentation to:

**The Eight and Forty Foundation  
PO Box 1108  
Lake Dallas, Texas 75065-1108**

**ANNOUNCEMENT OF AWARDS**

Announcement of awards will be made on July 1st. All applicants will be notified in writing.

**Your prompt and careful attention to directions for completing your application will facilitate the Selection Committee's review and action. Please keep us informed of your current address.**

# SCHOLARSHIP APPLICATION

## EIGHT & FORTY FOUNDATION MEDICAL SCHOLARSHIP FUND

### SCHOOL YEAR 2018

*Please type or print in black ink.*

Name of Applicant: Mr. Mrs. Ms. \_\_\_\_\_  
(circle one)

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Are you a U.S. Citizen? Yes  No

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Year of initial medical licensure: \_\_\_\_\_

Year in which you completed or anticipate completing the following degrees:

Associate: \_\_\_\_\_ Bachelor: \_\_\_\_\_ Master: \_\_\_\_\_ Doctorate: \_\_\_\_\_

MD: \_\_\_\_\_ Other: \_\_\_\_\_

List three people you will be using for references.

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

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

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

List educational institutions attended beginning with the most current.

Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree/ Diploma: \_\_\_\_\_ Major/ Concentration: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree/ Diploma: \_\_\_\_\_ Major/ Concentration: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree/ Diploma: \_\_\_\_\_ Major/ Concentration: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree/ Diploma: \_\_\_\_\_ Major/ Concentration: \_\_\_\_\_

List all professional positions held beginning with the most current.

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List professional and civic organizations in which you have been active and any offices held.

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What field of medicine do you want to specialize in?

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Have you or will you be applying for other scholarships, assistantship, and/ or fellowships? Yes  No

If you answered "yes," please explain: \_\_\_\_\_

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How many months do you anticipate you will be in school and unable to work fulltime? \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Outline your proposed program of study and plans for your future professional career.**

Include items such as the following:

*What are your career goals? How are your goals related to your past education and experience?*

*How will your proposed program prepare you to make a more effective contribution?*

*Upon what criteria have you based your program and university selection?*

*For what position are you preparing? (This is a critical question and will be used as a major factor in evaluating your application.)*

*Total number of credit hours needed to complete your degree.*

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**Provide any information in which you wish the Selection Committee to have that is not included in this application.** *Examples: personal interests, major projects, professional development, etc.*

**List the number of dependents you currently have:** \_\_\_\_\_

**Total Monthly Net Income: \$**\_\_\_\_\_ **Total Monthly Needs: \$**\_\_\_\_\_

**What is the cost per credit hour at the school you will be attending?** \_\_\_\_\_

**General state of financial need:**

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Name of Applicant: \_\_\_\_\_

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**COMPLETE EACH OF THE FOLLOWING STEPS BEFORE RETURNING YOUR APPLICATION.**

- ◆ Attach medical school transcripts and transcripts of all other colleges or universities attended. You may have transcripts sent directly to the address below.
- ◆ Attach all supporting documents that you wish to be considered.
- ◆ You should discuss your plan of study with an advisor who is aware of current trends pediatric care and university offerings and requirements.
- ◆ An advisor's endorsement is required.
- ◆ Carefully read and sign the "Applicant's Statement of Understanding."
- ◆ Forward completed application and supporting documents to:

**Eight and Forty Foundation  
Medical Scholarship  
PO Box 1108  
Lake Dallas, Texas 75065-1108**

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN MAY 31st**

**ADVISOR'S ENDORSEMENT**

I have read and endorse this application and accompanying documentation. I believe that this candidate is eligible for the Eight and Forty Foundation Medical Scholarship Award.

Name and Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
Signature of Advisor Date

**APPLICANT'S STATEMENT OF UNDERSTANDING**

I understand that if I am granted an award, I am obligated to work on the completion of my education to secure a position with direct pediatric care. Furthermore, I understand that I am responsible to notify Eight and Forty Foundation if, for any reason, I am unable to complete a quarter or semester.

\_\_\_\_\_  
Signature of Applicant Date

**EIGHT & FORTY Foundation**  
**LUNG AND RESPIRATORY DISEASE NURSING & RESPIRATORY THERAPIST**  
**SCHOLARSHIP FUND**

**PERSONAL OR PROFESSIONAL REFERENCE FORM**

**Section I** (to be completed by the Applicant – please type or print)

\_\_\_\_\_ is applying for an  
(Full Name)

Eight & Forty Foundation Medical Scholarship Award. These educational funds are sought

to assist the applicant in completing \_\_\_\_\_  
(Degree, major, and/ or program)

at \_\_\_\_\_,  
(College or University) (City, State)

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**Section II**

**To individuals serving as a Personal or Professional Reference:**

Your cooperation is requested in the interest of the applicant listed above. Please complete the reverse side of this form and return postmarked no later than **May 31st**. Forms received postmarked after this date will not be considered. Return to:

**Eight & Forty Foundation**  
**Medical Scholarship**  
**PO Box 1108**  
**Lake Dallas, Texas 75065-1108**

The Eight & Forty appreciates any pertinent information that would be helpful in appraising the suitability of the Applicant for a Medical Scholarship. Your opinion regarding the character, integrity, personality, and the potential for advanced study and career success in the field which preparation is desired, will help the Eight & Forty in accessing the Applicant's qualifications for a scholarship. The scholarship is extremely competitive and is awarded based on need and worthiness. Please make clear and careful distinctions between strong and weak characteristics of the Applicant and rank each one in relation to others you have known who have had comparable educational opportunities and experiences.

**Please return form no later than May 31st**

**Section III** (to be completed by the Reference – please type or print)

Name of Applicant: \_\_\_\_\_

Rate those traits that apply and of which you have knowledge.

	Top 2%	Top 10%	Top 25%	Upper 50%	Lower 50%	No Judgment
Ability to express self orally						
Ability to work effectively with others						
Has a clear sense of direction						
Demonstrates the effort necessary to achieve goals						
Interest in medical care of children						
Leadership qualities						
Professional knowledge						
Displays moral integrity and demonstrates reliability						
Intellectual Ability						

How long have you known the applicant? \_\_\_\_\_ years In what capacity? \_\_\_\_\_

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Personal/ Professional Reference: \_\_\_\_\_

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

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

**Please return form no later than May 31<sup>st</sup>.**