



HUGH J. ANDERSEN MEMORIAL SCHOLARSHIP PROGRAM

Candidate Instruction Sheet

National Medical Fellowships, Inc. is sponsoring the Hugh J. Andersen Memorial Scholarships; need-based, merit awards that recognize and reward underrepresented minority, medical students for academic achievement and leadership. Two \$2,500 scholarships will be awarded in the 2003-04 academic year.

ELIGIBILITY

Candidates must be U.S. citizens enrolled in the second, third or fourth year. Students must attend Minnesota medical schools or be bona fide Minnesota residents attending MD or DO-degree-granting schools anywhere in the United States. Applicants must be members of the following racial/ethnic groups: African-Americans, American-Indians, Alaska Natives, Native Hawai'ians, mainland Puerto Ricans and Mexican-Americans. Applicants must demonstrate academic excellence, leadership, potential for distinguished contributions, to medicine and financial need.

APPLICATION REQUIREMENTS

The required application materials for the Hugh J. Andersen Memorial Scholarship include:

- A letter of recommendation, written by the medical school dean, that fully explains the candidate's academic and leadership qualifications for a scholarship;
- A scholarship application in which the candidate provides basic personal and educational information;
- An official academic transcript;
- An essay of at least 500 words written by the candidate discussing the motivation for a career in medicine and short and long-term career plans over the next ten years;
- Documented proof of financial need, including a summary of all aid received to the date of application, and a detailed accounting of the candidate's financial aid package for the current academic year. Parents', spouse's and candidate's 2002 income tax returns are also required.
- A copy of candidate's curriculum vitae
- Valid proof of Minnesota residency. If candidate attends school outside of the state, copies of income tax returns submitted prior to the most recent tax year or utility bills for the past two years are acceptable as proof.

SELECTION CRITERIA

Criteria for selection of the Hugh J. Andersen Scholars include:

- **Academic achievement** as indicated in academic transcripts, faculty evaluations, by receipt of special academic honors, fellowships, awards or induction into national, medical honor societies.
- **Leadership**, indicated by active participation in community-based volunteer work or initiation of innovative projects in school or community.
- **Potential for distinguished contributions to medicine** as indicated by participation in research, publications or unique clerkships.
- **Documented financial need**, evidenced by receipt of need-based financial assistance prior to being nominated for a scholarship, by information provided by the medical school financial aid officer and through documented proof of income.

Please note that second-year students who receive Andersen Scholarships cannot receive NMF general, need-based scholarships.

The deadline for receipt of application materials by National Medical Fellowships, Inc. is **Friday, October 17, 2003**. Award winners will be announced after **November 21, 2003**.

All questions and application materials should be directed to:

CYNTHIA SEAY
HUGH J. ANDERSEN MEMORIAL SCHOLARSHIP PROGRAM
National Medical Fellowships, Inc.
5 Hanover Square, 15th floor
New York, New York 10004
212/483-8880

NMF/HUGH J. ANDERSEN MEMORIAL SCHOLARSHIP PROGRAM

2003–2004 Application Form

ALL RESPONSES MUST BE TYPEWRITTEN OR PRINTED

Name: _____ SS #: _____
(Last) (First) (MI)

Medical School	Year in school	Expected date of graduation

Current Mailing Address: _____
(Number, Street and Apt. No.)
 _____ Telephone: () _____
(City) (State) (Zip)

E-mail Address: _____

Permanent Address: _____
(Number, Street and Apt. No.)
 _____ Telephone: () _____
(City) (State) (Zip)

Gender Male Female Date of Birth: ____/____/____
Mo Dy Yr

Marital status _____ Number of dependents: _____
(Mo/Dy/Yr, if applicable) (if any)

- African-American
 Mainland Puerto Rican
 Mexican-American
 American Indian (Attach proof of tribal affiliation)
 Alaska Native (Attach proof)
 Native Hawaiian (Attach proof)

U.S. Citizen: Yes No Place of Birth _____
(City) (State) (Country)
 If a naturalized citizen please provide your certificate number: _____ and proof of citizenship.

Spouse

Name: _____ Occupation: _____
(First) (Middle) (Last) (Be specific)

Address: _____
(No. and Street) (City) (State) (Zip)

Occupation: _____ 2002 Gross Annual Income \$ _____
(Name) (City) (State)

Parents or Guardian

Marital status _____
(Mo/Dy/Yr, if applicable)

Father's name: _____ Birthplace: _____ Age: _____
(First) (Middle) (Last) (State) (Country)

- Living
 Retired _____
 Deceased _____
(Mo/Yr) (Mo/Yr)

Address: _____ Occupation: _____
(No. and Street) (City) (State) (Zip) (Be specific. If retired or deceased give former occupation)

Occupation: _____ 2002 Gross Annual Income \$ _____

Mother's name: _____ Birthplace: _____ Age: _____
(First) (Middle) (Last) (State) (Country)

- Living
 Retired _____
 Deceased _____
(Mo/Yr) (Mo/Yr)

Address: _____ Occupation: _____
(No. and Street) (City) (State) (Zip) (Be specific. If retired or deceased give former occupation)

Occupation: _____ 2002 Gross Annual Income \$ _____

EDUCATION

	Name	Location	Dates Attended	Major	Degrees
High School					
Undergraduate					
Graduate					
Other					

List all honors or awards received in undergraduate, graduate and medical school. (Use additional sheets if necessary)

Name of Award	Citation	School	Date

List all research fellowships received in undergraduate, graduate and medical school. (Use additional sheets if necessary)

Name of Fellowship	School	Date

List in chronological order, major professional, social, civic and student organizations, in which you have participated over the past four years, include offices held. (Use additional sheets if necessary)

Date	Activity

PERSONAL STATEMENT: Please provide a statement of least 500 words discussing your personal and professional goals over the next ten years. Emphasize significant persons and/or events that have influenced your decision. **Your name, medical school and social security number must appear on each page.**

I authorize my medical school to release information concerning my academic status and financial aid package to National Medical Fellowships, Inc. in support of my application for a Hugh J. Andersen Memorial Scholarship. I understand this application will be reviewed by members of the program's selection committee and give my permission for this application and supporting documentation to be copied and distributed for this purpose. I also give my medical school permission to release information to NMF concerning future address information and postgraduate training plans for follow-up purposes.

Signature _____ Date _____

Please send all required application materials (PLUS A COMPLETE COPY) to:

HUGH J. ANDERSEN MEMORIAL SCHOLARSHIP PROGRAM
 National Medical Fellowships, Inc.
 5 Hanover Square, 15th floor
 New York, New York 10004-2614
 (212) 483-8880

The deadline for receipt of application materials is Friday, October 17, 2003



FINANCIAL AID TRANSCRIPT AND EVALUATION FORM - MEDICAL SCHOOL (HJA 2003-04)

INSTRUCTIONS: An NMF scholarship applicant must submit this transcript to document all financial aid received this year. The applicant should complete **Section A** and have the financial aid office at the medical school complete **Section B**. Return this form to NMF by **October 17**.

SECTION A: (To be completed by applicant)

Name: _____ Social Security # : _____
Last First MI

Name previously used at medical school (if different from above) _____

I authorize the financial aid office at _____, which I have attended
Name of School
 since _____, to provide the information requested by NMF.
Month/Year

Please submit to:

Cynthia Seay
 National Medical Fellowships, Inc.
 5 Hanover Square
 New York, NY 10004

 Student's Signature

 Street Address

 City State Zip

SECTION B: (To be completed by the financial aid office at the medical school)

A COMPLETED TRANSCRIPT IS NECESSARY IN ORDER FOR YOUR STUDENT TO BE CONSIDERED FOR AN 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				
	2003-04	2002-03	2001-02	2000-99	19__ - __
Federal Perkins					
Federal HPSL/PCL					
Federal Stafford-Subsidized					
Federal Stafford-Unsubsidized					
LDS					
Other Loans (identify)					
EFN					
NHSC Scholarship					
AFHPS					
BIA					
SSIG/State Grant					
FADHPS					
SDS					
NMF					
Institutional Grant					
Other Grants/Scholarships (identify)					
Expected Family Contribution					
Unmet Need					

Academic year for which assistance is requested: _____

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:

Name: _____
(Please type or print)

Title: _____

School: _____

Telephone: (____) _____ Date: _____

Signature: _____

This transcript must be received by NMF's office no later than October 17, 2003 in order to complete your student's scholarship application.