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.

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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.)

(City) (State) (Zip)

Telephone: ( ______ ) _________

E-mail Address: ___________________________

Permanent Address: ___________________________

(Number, Street and Apt. No.)

(City) (State) (Zip)

Telephone: ( ______ ) _________

Gender □ Male □ Female Date of Birth: _______ / _______ / _______

Mo Dy Yr

Marital status _______ / _______ / _______

(Mo/Dy/Yr, if applicable)

Number of dependents: _______

If a naturalized citizen please provide your certificate number: ________________________ and proof of citizenship.

Afro-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)

Address: ___________________________

(No. and Street) (City) (State) (Zip)

Occupation: ___________________________ 2002 Gross Annual Income $ ______

Parents or Guardian

Marital status _______ / _______ / _______

(Mo/Dy/Yr, if applicable)

Birthplace: ___________________________ Age: _______

Father’s name: ___________________________ (State) (Country)

(First) (Middle) (Last)

□ Living □ Retired □ Deceased ______

(Mo/Yr) (Mo/Yr)

Address: ___________________________

(No. and Street) (City) (State) (Zip)

Occupation: ___________________________ 2002 Gross Annual Income $ ______

Mother’s name: ___________________________ Age: _______

(First) (Middle) (Last)

□ Living □ Retired □ Deceased ______

(Mo/Yr) (Mo/Yr)

Address: ___________________________

(No. and Street) (City) (State) (Zip)

Occupation: ___________________________ 2002 Gross Annual Income $ ______

(Occupation: (Be specific. If retired or deceased give former occupation)
EDUCATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degrees</th>
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<tbody>
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<td>High School</td>
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<td>Undergraduate</td>
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<td>Graduate</td>
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<tr>
<td>Other</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Award</th>
<th>Citation</th>
<th>School</th>
<th>Date</th>
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List all research fellowships received in undergraduate, graduate and medical school. (Use additional sheets if necessary)

<table>
<thead>
<tr>
<th>Name of Fellowship</th>
<th>School</th>
<th>Date</th>
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</table>

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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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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 # : ______--____--______

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.

Please submit to:

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

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:_____________________________________________________________

<table>
<thead>
<tr>
<th>Sources of Assistance</th>
<th>Award Years and Amounts of Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Perkins</td>
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<tr>
<td>Federal HPSL/PCL</td>
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<tr>
<td>Federal Stafford-Subsidized</td>
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<td>Federal Stafford-Unsubsidized</td>
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<td>LDS</td>
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<tr>
<td>Other Loans (identify)</td>
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<td>EFN</td>
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<tr>
<td>NHSC Scholarship</td>
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<td>AFHPS</td>
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<tr>
<td>BIA</td>
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<tr>
<td>SSIG/State Grant</td>
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<td>FADHPS</td>
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<td>SDS</td>
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<td>NMF</td>
<td></td>
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<tr>
<td>Institutional Grant</td>
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<tr>
<td>Other Grants/Scholarships (identify)</td>
<td></td>
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<tr>
<td>Expected Family Contribution</td>
<td></td>
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<tr>
<td>Unmet Need</td>
<td></td>
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</tbody>
</table>

OVER
Academic year for which Medical School assistance is requested: ____________
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.