

MARY RUTAN FOUNDATION

Medical Scholarship/Loan Program Details and Application Check List 2020/2021 Academic Year

Scholarship/Loan Program Details

Nursing & Allied Medical Scholarships - \$1,000.00 per year maximum. May be awarded each year, while in qualifying program. Applicant must reapply annually.

Medical Student Loans- \$5,000.00 loan plus \$1,000.00 scholarship. May be awarded each year for the 4 years in medical school. Applicant must reapply each year. Loan is interest free while in medical school. Adjustable rate during repayment period tied to prime rate as published by the Wall Street Journal.

Application process – Application available January 1st. Application Deadline April 1st. Notified in late May. Check awarded during the first week of August

Program Requirements

- Resident of Logan County (Exceptions: Metz Scholarship-Jackson Center graduate, Crawfis Scholarship – Mary Rutan Employee and Riedmiller Scholarship- child of Mary Rutan Employee.)
- Accepted in Medical Field of Study* (Pre Programs do not qualify)
 - Nursing – Nurse Practitioner, Nurse Anesthetist, RN (AD, BS, Masters), LPN
 - Allied Health – Physician Assistant, Physical Therapist, PT Tech, Occupational Therapist, OT Tech, Pharmacist, Speech Therapist, Respiratory Therapist, Radiology Tech, Surgery Tech, Biomedical Engineer, Clinical Lab Medical Tech, Exercise Physiologist, Registered Nutritionist, Medical Technologist, Athletic Trainer.
 - Physician – MD and DO programs only

*Allied Health and Nursing programs listed may not be all inclusive. Questions that arise regarding career field eligibility will be resolved by Mary Rutan Foundation Executive Committee.

Application Instructions (check list- ✓ -all items must be included)

- ✓ **Type or fill out application in ink (PRINT CLEARLY). Answer every question.**
- ✓ **Personal Statement/Essay** – A typed one page or less personal statement, including information that will assist us in knowing you and in determining your eligibility or need. Discuss your reasons for choosing your professional goals and what you expect to accomplish as result, what motivates you to put forth the greatest effort, and your long range plans after graduation. You may also include extracurricular activities in which you participate or volunteer that will assist you in being a well-rounded professional.
- ✓ **Submit a copy of your formal acceptance letter to the qualifying medical program.**
- ✓ **Submit a copy of your most recent transcript.**
- ✓ **A recent photograph**
- ✓ **Mail application to Mary Rutan Foundation –205 E. Palmer Avenue – Bellefontaine, Ohio 43311.**
- ✓ **Complete applications must be received by April 1st. Applications WILL NOT be accepted after this date.**

Questions regarding Mary Rutan Foundation Scholarship and Loan Program or application process may be directed to Tammy Allison at (937)599-7003 or via email at Tammy.Allison@maryrutan.org.

MARY RUTAN FOUNDATION MEDICAL SCHOLARSHIP & LOAN APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Marital Status	Dependents	Social Security No.	
Name of Parents, Guardian or Spouse			
Are you or a family member an employee of Mary Rutan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list name and relationship.
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain and provide dates?
Do you have an interest in returning to this community to practice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MAYBE <input type="checkbox"/> Please explain:

EDUCATION			
High School		Address	
Year Graduated	High School GPA	ACT/SAT Score	
College		Address	
Field of Study	Degree Level	AD <input type="checkbox"/>	BD <input type="checkbox"/> MD <input type="checkbox"/> DD <input type="checkbox"/>
Year Graduated	GPA	M-CAT Score	

Attach an official copy of transcript from your present or most recently attended school.

EDUCATIONAL INSTITUTION IN WHICH APPLICANT IS CURRENTLY ENROLLED OR ENROLLING			
College		Degree being pursued:	
Accepted in program?	YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING- will hear by <input type="checkbox"/> _____	Degree Level	AD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> DD <input type="checkbox"/>
<i>Attach copy of formal program acceptance letter from college or university.</i>			
Total Annual Expense	Expected Graduation	Month:	Year:
Tuition \$	Books/Fees \$	Living Expenses \$	Commuting Travel \$
Date Next Term Begins			

SIGNATURE		
<p>I certify that all information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any information may result in disqualification or cancellation of this awarded. I understand that incomplete scholarship applications will not be considered. I give permission to Mary Rutan Foundation to release my information to the scholarship donor (s) and the Scholarship Review Committee. I also grant Mary Rutan Foundation and any of its subsidiaries or affiliates permission to publish my picture, release my name and other information to be used in quotes for brochures, articles, stories, Foundation literature and other material for publicity, promotions or advertising purposes.</p> <p>I hereby give Mary Rutan Foundation and the Scholarship Review Committee permission to contact the professional and education institutions I have attended/applied to/have been accepted for admissions to, for further information about my attendance, performance, reference, confirmation of enrollment.</p> <p>I further understand, that if for any reason I withdraw from the specific program or course to which this application applies, the scholarship must be returned to Mary Rutan Foundation.</p> <p>This award may be taxable as regular income.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature X</td> <td style="width: 40%;">Date</td> </tr> </table>	Signature X	Date
Signature X	Date	