



Kathie J. Lyman Medical Student Scholarship Fund of the

Polk County Medical Society

1520 High Street

Des Moines, IA 50309

The Polk County Medical Society was organized on October 24, 1851, and is the oldest continuously operating medical society in the state of Iowa and is the largest county medical society in the state. Society members represent every specialty of medicine.

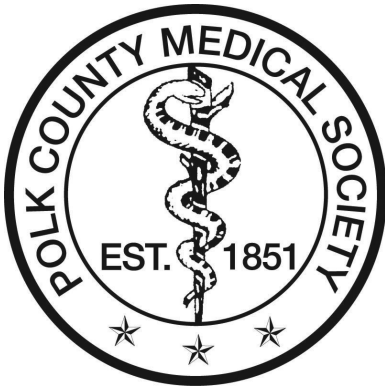
The Polk County Medical Society board is pleased to announce that in recognition of our Executive Director, Kathie Lyman's over 40 years of service to the doctors of Central Iowa, along with recognizing a career of commitment to physicians, medical education, and the medical community, a scholarship fund has been established in her name.

The Scholarship Committee awards scholarships to medical students each year. Two scholarships will be awarded \$1,000 each from funds either donated or through fund raising.

The criteria for scholarship awards will be based on scholastic achievement and/or financial need. **The applicant must be a legal resident of Iowa at the time of applying to medical school and currently attending an accredited medical or osteopathic school in Iowa.** She/he must submit a current transcript, two letters of recommendation, and a one to two page essay stating the applicant's reasons for selecting a career in medicine and why they feel deserving of the award.

Application deadline is February 29 each year. Only completed applications will be considered. Applications received after the deadline will not be accepted.

Questions regarding the application process can be directed to the Kathie J. Lyman Scholarship Fund at the Polk County Medical Society. 515 288-0172.



Kathie J. Lyman

Medical Student Scholarship Fund

Scholarship Fund

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Application deadline is February 29. Only completed applications will be considered. Applications received after the deadline will not be accepted.

Eligibility: 1st, 2nd, 3rd, 4th year students enrolled, (with a tuition obligation) in an accredited medical or osteopathic school and a legal resident Iowa at the time of applying to medical school.

Criteria: Students in high academic standing and have a financial need.

Process: Students may request a scholarship application and packet beginning June 1. Candidates will be notified by March 15 regarding the grant award.

The Scholarship Committee will review the candidates' applications and make a selection based on academic performance and financial need. Applications may be submitted using the online form or downloading the PDF provided.

Length of Funding: One year. The grant will be used for the purposes identified in the award letter. The medical student at the end of the grant year will be required to submit a letter of completion of that year's education, or return any portion of the grant not used for medical education training in one of the two approved schools.

Application Information: Applications may be submitted using the online form or downloading the PDF from our website www.pcms.org.



Kathie J. Lyman Scholarship Application

Part I: Applicant Information

1. Name _____
Last Name _____ First Name _____ Middle or Maiden _____
- 2a. Institution _____
Address _____ City _____
State _____ Zip _____ Daytime Phone _____
- 2b. Legal Address _____
City _____ State _____ Zip _____
- 2c. Please provide us with your address at the time of your application to medical school.
Address _____
-
City _____ State _____ Zip _____
3. Social Security # _____ - _____ - _____ Email Address _____
4. Expected Date of Graduation _____ (mm/dd/yyyy)

Part II: Education

5. List in reverse chronological order, all colleges, universities, and professional schools attended (most recent first)
- | | |
|---------------------------------|-------|
| Major & Minor Field 1 | _____ |
| Date of Attendance | _____ |
| Degree Recieved or Pending Year | _____ |
| Name of Institution | _____ |
| Address of Institution | _____ |
| Major & Minor Field 2 | _____ |
| Date of Attendance | _____ |
| Degree Recieved or Pending Year | _____ |
| Name of Institution | _____ |
| Address of Institution | _____ |



Kathie J. Lyman Scholarship Application

Major & Minor Field 3 _____
Date of Attendance _____
Degree Recieved or Pending Year _____
Name of Institution _____
Address of Institution _____

Major & Minor Field 4 _____
Date of Attendance _____
Degree Recieved or Pending Year _____
Name of Institution _____
Address of Institution _____

Major & Minor Field 5 _____
Date of Attendance _____
Degree Recieved or Pending Year _____
Name of Institution _____
Address of Institution _____

Part III: Experience

6. List below the professional employment you have held, starting with most recent.

Institution 1 _____
Date _____
Nature of Duties _____

Institution 2 _____
Date _____
Nature of Duties _____

Institution 3 _____
Date _____
Nature of Duties _____

Institution 4 _____
Date _____
Nature of Duties _____

Institution 5 _____
Date _____
Nature of Duties _____

Part IV: Academic Achievements

7. Please list honors, grant, publications, special projects.

8. Please describe any special or personal circumstances which you believe should be considered to better understand your financial need.

9. References: Please list two references with phone numbers who could be contacted by committee.

Refrence 1
Phone Number

Refrence 2
Phone Number

Telephone where you can be reached for an interview: _____

The best dates & times to reach me are: *(please list three choices)*

- 1. _____
- 2. _____
- 3. _____

The information supplied by me on this application is true and correct to the best of my knowledge, and I understand that misrepresentation may cause denial or withdrawl of the the scholarship.

Signature

Date

