



Kathie J. Lyman Medical Student Scholarship Fund

Scholarship Fund

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 Committee is currently accepting applications for 2018.

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 **March 16, 2018**. 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 as early as September. Candidates will be notified by **March 20, 2018** 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 of 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 years 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 below or downloading the PDF file provided.

Scholarship Application

*Required

Part I: Applicant Information

| | | |
|-----|---|----------------------|
| 1. | *Last Name: | <input type="text"/> |
| | *First Name: | <input type="text"/> |
| | Middle or Maiden: | <input type="text"/> |
| 2a. | Institution: | <input type="text"/> |
| | Address: | <input type="text"/> |
| | City: | <input type="text"/> |
| | State: | <input type="text"/> |
| | Zip: | <input type="text"/> |
| | Daytime Phone: | <input type="text"/> |
| 2b. | Legal Address: | <input type="text"/> |
| | City: | <input type="text"/> |
| | State: | <input type="text"/> |
| | Zip: | <input type="text"/> |
| 2c. | Please provide us with your address at the time of your application to medical school | |
| | Address: | <input type="text"/> |
| | City: | <input type="text"/> |
| | State: | <input type="text"/> |
| | Zip: | <input type="text"/> |

3. 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 Fields | Dates of Attendance | Degree Received or Pending Year | Name / Address of Institution |
|----------------------|----------------------|---------------------------------|-------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part III: Experience

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

| Institution | Dates | Nature of Duties |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part IV: Academic Achievements

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

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

S9. References:

Please list two references with phone numbers who could be contacted by the committee.

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 withdrawal of the scholarship.

*Email Address:

Telephone where you can be reached for an interview:

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

Submit Request

 [Download the Scholarship Application Form](#)

Click to download a copy of Adobe Acrobat Reader...

