



# Kathie J. Lyman Medical Student Scholarship Fund

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## Scholarship Fund

The Scholarship Committee awards scholarships to medical students each year. Three scholarships will be awarded \$1,000 each from funds either donated or through fund raising to 2 MD or DO students and 1 DPM student. The Committee is currently accepting applications.

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 1 each year**. Only completed applications will be considered. Applications received after the deadline will not be accepted.

**Eligibility** 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> year MD, DO or DPM 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 (available online at [www.pcms.org](http://www.pcms.org)). Candidates will be notified by **March 15 each year** regarding the grant award. Only students awarded will receive notification.

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 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.

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## 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 |
|----------------------|---------------------|---------------------------------|-------------------------------|
|                      |                     |                                 |                               |
|                      |                     |                                 |                               |
|                      |                     |                                 |                               |

**Part III: Experience**

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

| Institution | Dates | Nature of Duties |
|-------------|-------|------------------|
|             |       |                  |
|             |       |                  |
|             |       |                  |

**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. | <b>References:</b><br>Please list two references with phone numbers who could be contacted by the committee.   |
|     | <input type="text"/>   |
|     | <input type="text"/>   |
|     |  |
|     |  |
|     | 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: <i>(please list three choices)</i>   |
|     | <input type="text"/>   |
|     | <input type="text"/>   |
|     | <input type="text"/>   |
|     | <input type="button" value="Submit Request"/>  |

 [Download the Scholarship Application Form](#)

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