MEDICAL STUDENT APPLICATION
FOR
THE DR. CHARLES E. GAVIN MEMORIAL FOUNDATION
Medical Studies Award

dr. charles e. gavin memorial foundation
a not for profit organization

“People Helping People”

Dr. Gavin Foundation
P.O. Box 368
Park Forest, IL 60466
THE CHARLES E. GAVIN MEMORIAL FOUNDATION
MEDICAL STUDIES AWARD

PROGRAM PURPOSE:

The Dr. Charles e. Gavin Memorial Foundation Medical Studies Award gives financial support and personal encouragement to selected persons who are committed to study for a medical degree in a college or university.

CRITERIA: In selecting persons, special attention is given to:

- Evidence of personal integrity and excellence;
- Evidence of academic accomplishment and intellectual ability;
- Evidence of a concern for ethical and moral values;
- Evidence of determination to achieve a life of service;
- Evidence of the motivation, discipline, and purpose to complete medical training.

ELIGIBILITY: The student selected:

- Must be United States citizen from the South Suburban area of Metropolitan Chicago
- Must meet certain economic guidelines based on need and family history;
- Must be accepted at an accredited medical school.

APPLICATION PROCEDURE: Completed application materials must be mailed to the Dr. Charles E. Gavin Memorial Foundation Scholarship Committee, P.O. Box 368, Park Forest, IL  60466, postmarked by April 28, 2017.

FINANCIAL ARRANGEMENTS: The award is for $10,000.00 over two years assuming satisfactory progress toward the medical degree. Equal installments of $5,000.00 for each year payable through the school’s financial aid office for two (2) consecutive years.
Medical Scholarship Application

PERSONAL AND ACADEMIC INFORMATION
(Please print)

Name________________________________________

(Last) (First) (Middle)

Birth Date________________________ Place____________________________

Current Postal Mailing Address________________________________________

________________________________________ Zip Code____________________

E-Mail Address______________________________________________________

Telephone ___________________________ Are you a United States Citizen? ______

Martial Status_____________ Number and Age of Dependents________________

List in chronological order all schools attended – Elementary School through College or University

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<th>Date of Attendance</th>
<th>Field of Study</th>
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Medical School:______________________________________________________

________________________________________

Dates of Attendance:________________________________________
Summarize the academic honors or recognitions you have received:

Summarize other activities (e.g., full, part-time, or summer employment, travel, volunteer work) related to the achievement of your academic and/or professional goal.

Write a short essay stating how your pursuit of a career in medicine would further the humanitarian ideals and goals of the Dr. Charles E. Gavin Memorial Foundation.
List four individuals who can speak to your personal, professional, and academic accomplishments:

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**Financial Statement:** Please include with this application the needs analysis statement that is or will be filed with the medical school.

**Transcripts:** Arrange to have official transcripts of all college and university work sent to the Foundation Scholarship Committee.

Signature of Applicant ____________________________

Date ____________________________

Return the completed application to:

**THE DR. CHARLES E. GAVIN MEMORIAL FOUNDATION SCHOLARSHIP COMMITTEE**
P.O. BOX 368
PARK FOREST, IL 60466

Website – drcgavinfoundation.org

Email – drcgavinfoundation368@gmail.com