



2020-2021 Sisler McFawn Education for Service Scholarship Application

Application Deadline: May 3rd, 2021

The Sisler McFawn Education for Service scholarship was created to provide a first year medical student from Summit County, Ohio with a scholarship of \$30,000 per year to offset tuition, fees and institutional charges at the Northeast Ohio Medical University (NEOMED) for study in the College of Medicine. The scholarship is awarded annually so long as the recipient continues to meet the eligibility criteria and is renewable for up to a total of four years (maximum award \$120,000).

In exchange for this scholarship, the recipient would practice one year as a physician and provide medical services in Summit County, Ohio in primary care (general internal medicine, family medicine, general pediatrics) or other identified, needed specialties (geriatrics, psychiatry) ("the Practice Obligation") for every year of scholarship awarded. In order to qualify for this scholarship, the applicant must be a graduate of a Summit County, Ohio high school and have demonstrated prior academic success.

A holistic review of the applicant's academics and application materials will occur in the selection of the recipient. Application materials will be reviewed by the Education for Service Scholarship Committee ("Committee"); the Committee will identify a condensed list of candidates who will be invited to interview with the Committee. After the interview process, the Committee will identify the scholarship recipient.

The recipient must complete the medical school curriculum within six years; years do not have to be consecutive (i.e. a student may pursue another degree during medical school such as a master's in public health or a doctorate degree). If anticipated graduation alters and is not within six years after initial enrollment, the scholarship will cease during times of repeated coursework, leave of absence, or coursework external to the medical school curriculum.

Scholarship conditions include requirements to:

- Perform satisfactorily in the medical school curriculum, including all standards of academic and professionalism; and
- Perform a minimum of 64 volunteer service hours. These hours must be performed while the recipient is enrolled in the medical school; at least 32 hours must be completed by the end of the second year of the medical school curriculum). These volunteer hours are to be performed at underserved clinics, other ambulatory care sites, or hospitals in Summit County, Ohio. These hours are in addition to any hours required in the medical school curriculum; and
- Agree to practice full-time in primary care or other identified needed specialty (see above) in Summit County, Ohio for four years after completing their residency; and
- Meet with assigned Summit County, Ohio physician, who will serve as the student's mentor, at least three times a year while enrolled in medical school; and
- Meet with Sisler McFawn Foundation members at least annually until fulfillment of the Practice Obligation.

Failure to meet any obligations of the scholarship while a NEOMED student will result in scholarship ineligibility. Failure to meet any conditions or obligations of the scholarship will result in immediate repayment to the University for previously disbursed scholarship funds (additional details found in Promissory Note).



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Section A: General Information

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

Permanent Address: _____

(Street Number and Name)

(City, State, Zip)

Childhood Address: _____

(Street Number and Name)

(City, State, Zip)

Name of High School and Graduation Year: _____

Area of Primary Care Specialty Interest: _____

Section B: Application Submission

The following items must be submitted (please retain copy for your records):

- CV; and
- Personal statement that explains how a previous experience (or set of experiences) informs your decision to pursue a degree in medicine with a focus in the areas of medical practice listed above. Include your professional goals and your interest to work in Summit County, Ohio (two page maximum).

Section C: Certification Statement

In signing below, I certify that I understand the obligations expected of me by the Committee in accepting this award:

- Perform satisfactorily in the medical school curriculum, including all standards of academic and professionalism; and
- Perform a minimum of 64 volunteer service hours. These hours must be performed while the recipient is enrolled in the medical school; at least 32 hours must be completed by the end of the second year of the medical school curriculum). These volunteer hours are to be performed at underserved clinics, other ambulatory care sites, or hospitals in Summit County, Ohio. These hours are in addition to any hours required in the medical school

curriculum; and

- Agree to practice full-time in primary care or other identified needed specialty (see above) in Summit County, Ohio for four years after completing their residency; and
- Meet with assigned Summit County, Ohio physician, who will serve as the student's mentor, at least three times a year while enrolled in medical school; and
- Meet with Sisler McFawn Foundation members at least annually until fulfillment of the Practice Obligation.

I acknowledge that I have provided complete and accurate information regarding myself, my parent(s) and/or guardian(s) (if parent/guardian required) on the Free Application for Federal Student Aid (FAFSA), and submitted supplemental documentation for the purposes of establishing financial need. I realize that this proof may include a copy of federal, state and local income tax returns filed by myself and by my parent(s) and/or guardian(s) (if applicable).

I grant permission for the Office of Enrollment Services to provide my transcripts from previously attended colleges and universities and Medical College Admissions Test (MCAT) scores to the Committee for the purposes of selecting a scholarship recipient.

I acknowledge that the information provided is accurate and that falsification of information on my part may result in disciplinary actions by the University, including cancellation of the Education for Service award and repayment of previously disbursed scholarship funds.

I acknowledge I will be required to sign a promissory note detailing the performance and Post-Residency Employment Obligations described above, in the event this application is chosen by the Committee for awarding of the Sisler McFawn Scholarship, and authorize credit to student account with funds from the Sisler McFawn Scholarship account to pay tuition, fees, and other institutional charges for the Northeast Ohio Medical University program.

I give my permission to the University to release personally identifiable information and photographs to the Northeast Ohio Medical University Foundation, or its successor, and to the University's External Affairs division when the funds are awarded.

The University and the Foundation may subsequently release directory information and photographs about award recipients for the development and public relations purposes.

I acknowledge that by receiving scholarship funds, I must meet the obligations set forth by the Sisler McFawn Scholarship and by the Northeast Ohio Medical University. If the conditions and/or obligations of the Sisler McFawn Scholarship are not met, I understand that any and all funds applied against my tuition, fees and other institutional charges by the Northeast Ohio Medical University program must be immediately reimbursed. I understand that this reimbursement, if necessary, would be managed by the conversion of the awarded scholarship funds into an enforceable loan instrument. I understand that I would sign a separate Promissory Note, detailing the terms and conditions of the reimbursement loan, in the event I am awarded the Sisler McFawn Scholarship.

Print Name: _____

Signature: _____

Date: _____