



PO Box 1187 / Gig Harbor, WA 98335  
(425) 677-3930

## Scholarship Application

Please Print Legibly. Incomplete applications will not be considered.  
Applicant must be a student member of the  
Washington Osteopathic Medical Association (WOMA)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Legal Resident of Washington? \_\_\_\_ Yes \_\_\_\_ No      If Yes, No. Years \_\_\_\_\_  
Marital Status \_\_\_\_\_ Military Status \_\_\_\_\_ Social Security # \_\_\_\_\_  
Children (list with ages) \_\_\_\_\_  
Osteopathic College \_\_\_\_\_  
Enrollment Date \_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_

List previous loans/scholarships. Include source, amount and date.

Date	Amount	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List obligations (Military, USPHS, etc.) that may prevent you from returning to Washington State to practice within 30 days of completion of residency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

*(Complete this section if you are dependent on family or guardian for financial aid)*

Is your family/guardian able to pay any portion of your educational costs? \_\_\_ Yes \_\_\_ No

Amount they are able to contribute \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Estimated Net Worth of Parents/Guardian \_\_\_\_\_

How was your undergraduate education financed? \_\_\_\_\_

What was your gross income (include spouse) as shown on your Federal Tax Return for each of the two preceding years? Year \_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_ \$ \_\_\_\_\_

List present financial assets and resources of every nature:

Real Property Owned \_\_\_\_\_ Value \$ \_\_\_\_\_

Auto(s) Owned \_\_\_\_\_ Value \$ \_\_\_\_\_

Bank Accounts \_\_\_\_\_ Value \$ \_\_\_\_\_

Stocks, Bonds, Notes, Annuities \_\_\_\_\_ Value \$ \_\_\_\_\_

All Other Assets \_\_\_\_\_ Value \$ \_\_\_\_\_

**Total Assets \$ \_\_\_\_\_**

List debts, notes payable and other obligations:

Notes and Loans (List to Whom Owed) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Mortgages on Real or Personal Property \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities \_\_\_\_\_ \$ \_\_\_\_\_

**Total Liabilities \$ \_\_\_\_\_**

List two people (other than relatives) who will know your current address at all times:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Include with this application:

1. A letter of recommendation from a physician member of the WOMA.
2. A letter of recommendation from a faculty member.
3. A certified copy of your most recent grade transcript.
4. A letter explaining financial need from the osteopathic medical school's financial aid officer.
5. A description of your community service.
6. A letter of recommendation from community organizations served by the applicant.

**How do you plan to pay for medical school? (list percentages)**

\_\_\_\_\_ Family \_\_\_\_\_ Military Scholarship \_\_\_\_\_ Other Scholarship \_\_\_\_\_ Financial Aid  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**Other Considerations:** Please discuss any other factors that affect your financial aid or ability to pay for medical school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement**

I have completed this application as fully and accurately as possible. I agree to its terms and have read and fully agree to abide by the scholarship criteria which preface this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Application deadline February 15**

Return completed application to WOF / PO Box 1187 / Gig Harbor, WA 98335