



WALTER SCOTT FOUNDATION SCHOLARSHIP
at
The Alabama College of Osteopathic Medicine

Application for School Year 2023

APPLICATION DEADLINE: March 31, 2023

The **Walter Scott Foundation Scholarship** is a one-time, limited tuition scholarship to be awarded annually to an eligible ACOM medical student successfully completing his/her third year. The scholarship is administered by Southeast Health Foundation and based on the criteria set forth below:

- (a) Recipient must be enrolled in the Alabama College of Osteopathic Medicine in good standing and maintain a minimum grade-point average (GPA) of 3.3
- (b) Recipient must have completed the first- and second-year curriculum successfully and entering ACOM as a third-year, full-time medical student (OMSIII)
- (c) Recipient must agree to furnish to the Foundation such academic records, reports, transcripts, and certificates as the Foundation may reasonably request. Recipient further agrees that the Foundation may contact the ACOM to obtain such information as the Foundation may deem appropriate in connection with the scholarship
- (d) Recipient must complete application and include a 5,000 character or less essay on why they are deserving of scholarship
- (e) Recipient understands that the scholarship will be paid directly to the ACOM and posted to the students account
- (f) Recipient agrees that the Foundation may request the recipient's assistance in the promotion of its scholarship programs, and agrees, if contacted, to voluntarily provide, and let the Foundation use, photographs, quotations, or other information to help the Foundation in its public relations, marketing and fundraising efforts
- (g) In the event that it becomes unnecessary, undesirable, impractical or impossible to utilize funds for such purposes or to comply with any other condition of this Agreement, the Foundation shall have the right to utilize the funds for scholarships, educational programs, or such other charitable purposes, or to modify such conditions, as it deems appropriate in accordance with its governing instruments.

All **Walter Scott Foundation Scholarships** shall be awarded without regard to the gender, religious preference, race or national origin of the student. The scholarship is administered by Southeast Health Foundation.

A. Instructions

- Submit your completed application and supporting documents in hard copy. Applications cannot be considered unless they are complete.
- Your application packet requires:
 - Application Cover Sheet
 - Scholarship Application Form A
 - Essay
Essays need to be double-spaced, 12 pt. Times New Roman font, 5,000 characters or less and the content should highlight who the applicant is beyond their GPA. The content should include why you should receive the Walter Scott Foundation ACOM Scholarship and the reasons you wanted to go into medicine.
 - One letter of recommendation from an ACOM faculty member or one letter from a physician (D.O. or M.D.)
 - Letter from Student Services indicating eligibility (including current GPA)
- Deliver application packets to:
 - Amy Bunting
 - Director
 - Southeast Health Foundation
 - 1922 Fairview Ave.
 - Dothan, AL 36301
 - Office Phone: 334-673-4150
 - Email: aebunting@southeasthealth.org
- Direct questions to:
 - Dr. Reynolds at (334) 944-4004 or preynolds@acomedu.org.

B. Award Description

- Scholarships are competitive and not awarded based on need.
- Applicants will be blind judged.

C. Awards

- Awards shall be credited against ACOM's tuition and other mandatory fees, as part of awardee(s)'s financial aid package, in accordance with the college's tuition billing/payment process.

D. Scholarship Award Amount

- For the academic year beginning in August 2023 scholarship awards will range from \$2,000-\$5,000 based on availability of funds at the discretion of the scholarship committee.

If a scholarship recipient:

- Withdraws from ACOM, in good academic standing, due to circumstances beyond his/her control, any scholarship monies that he/she received under this program will not have to be repaid to the Southeast Health Foundation.

- Requests and is granted an Excused Leave of Absence, any scholarship monies that he/she received under this program will not have to be repaid to the Southeast Health Foundation.

- Is Dismissed from Enrollment at ACOM, due to violation(s) of the institution's student code of conduct, any/all scholarship monies that the student received under this program must be repaid to the Southeast Health Foundation.

Initial beside the statement if you agree, sign and date:

_____ I have read and understand the requirements for the Walter Scott Foundation Scholarship.

_____ I certify that all information contained in this application is true, correct and falsification of information may result in denial and/or corrective action.

_____ I understand that the Walter Scott Foundation Scholarship reserves the right to amend or terminate the offering of the Walter Scott Foundation Scholarship at any time.

Signed _____ Date _____



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2023

Scholarship Application Form A

Full Name: _____
Last First Middle Initial

Address: _____
Street

City State Zip

Phone: _____ **Cell Phone:** _____

Email: _____

I have read the enclosed scholarship guidelines and ask that I be considered for an award with full understanding of the conditions.

Also, I give my permission for release of information necessary to determine my qualifications for this award.

I understand that evaluations will be kept confidential, and I waive any right of access to them.

Applicants Signature: _____ **Date:** _____