

THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT

PO Box 769 / 147 State Street
New London, Connecticut 06320

**2009 APPLICATION for the
Caryn Nesbitt, MD Memorial Scholarship**

This scholarship (\$2,000) will be awarded to female residents of the Foundation's 11-town region who are attending an accredited medical school. Preference will be given to those with a focus on primary care, an interest in women's care and a desire to practice in southeastern Connecticut. A recipient will be chosen based on academic ability, faculty recommendation and financial need. The winner will be invited to a gathering of Dr. Nesbitt's family and colleagues to receive the award.

Application Deadline is April 15th (postmarked)

APPLICANT INFORMATION:

Name _____
(Last) (First) (Middle)

Permanent Address _____
(Number and Street)

(City or Town) (State) (Zip Code)

Phone Number _____
(Home) (Other)

E-mail address _____

Date of Birth _____ Place of Birth _____

Citizenship _____ Marital Status _____

EDUCATIONAL INFORMATION:

High School _____ Graduation date _____

Undergraduate _____ Graduation date _____

MCAT Scores _____

MY CAREER GOAL IS: (Please include where you hope to practice) _____

MEDICAL SCHOOL INFORMATION:

Medical school attending & address: _____

I have been (check one): ____ accepted ____ have enrolled ____ currently attending

EXTRACURRICULAR ACTIVITIES:

1. List the school, sporting, church and community activities that have been most important to you *on this page*. Please indicate if you have received any special honors or held a leadership position.

You may use an additional page if necessary.

| Activity | When participated | Hrs./ Wk. | Wks. /Yr. | Offices Held, Letters, Other Recognition |
|----------|-------------------|-----------|-----------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. What recreational activity or hobby do you find most interesting? _____

3. Have you participated in any community service programs? If yes, please describe: _____

(If you need more space, please continue on additional page)

4. Have you had any part-time jobs while in school? Summer jobs? Please list, and indicate hours worked per week and the duration of your employment:

| Job Title | Employer | Hrs/ Wk. | Duration |
|-----------|----------|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

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PERSONAL STATEMENTS

Application Deadline is April 15th

ESSAY

On a separate page, please submit an essay about why you want to become a medical doctor, what your practice will focus on, and how this scholarship will help you achieve your goal.

Your essay should be typed and should not exceed 500 words. The essay must be your own effort and **signed by you**.

QUICK TAKES

The committee would like to learn more about you. Please respond to each of the following in one sentence or less. There is no right or wrong answer. Have fun!

Three words that describe you _____

Most prized possession _____

Favorite book _____

Favorite food _____

Favorite band/performer/composer _____

Dream job _____

Role model _____

Best movie of all time _____

Favorite quote _____

Your postcard home to family and friends says 'Having the best time ever'. Where are you?

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FAMILY & FINANCIAL INFORMATION

Application Deadline is April 15th

FAMILY INFORMATION:

Father/Guardian Full Name _____ Occupation _____

Mother/Guardian Full Name _____ Occupation _____

My parents are: Married ___ Divorced ___ Separated ___ Other ___

SIBLINGS: (Required for applicants whose parents claim them as dependents)

Please list the names, current ages, school/college and grade level for each of your siblings.

| Name | Age | School/College/Graduate | Grade Level |
|-------------|------------|--------------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total number attending college or graduate school for the next academic year _____

SPECIAL CIRCUMSTANCES:

Please use this space to explain any unusual financial circumstances (loss of employment, medical bills not covered by insurance, etc.):

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FINANCIAL INFORMATION

All applications must be accompanied by parents' (if they claim you as a dependent) and student's federal income tax returns

| | |
|--|-----------------|
| Funds available for your upcoming year of medical school: | |
| Family Contribution: | \$ _____ |
| Student's Savings/Earnings: | \$ _____ |
| Financial Aid from your college: | |
| Grants: | \$ _____ |
| Scholarships | \$ _____ |
| Loans | \$ _____ |
| Work/Study | \$ _____ |
| Other (specify) | \$ _____ |
| Other income (specify) | \$ _____ |
| Total | \$ _____ |

| | |
|-------------------------------|-----------------|
| Medical School Budget: | |
| Tuition | \$ _____ |
| Room and Board | \$ _____ |
| Books & Materials | \$ _____ |
| Transportation | \$ _____ |
| Personal expenses | \$ _____ |
| Total | \$ _____ |

All financial information is kept confidential.

Indicate below all scholarships and loans that you have applied for from sources other than colleges for the upcoming academic period.

| Date Applied | Type of Scholarship | Amount | Status (Approved, Pending or Declined) |
|--------------|---------------------|--------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ALL APPLICANTS: I certify that all financial information provided is accurate.

Signature _____ Date _____

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PO Box 769 / 147 State Street
New London, Connecticut 06320
Phone: (860) 442-3572 Fax: (860) 442-0584

LETTER OF RECOMMENDATION

Application Deadline is April 15th

Name of Applicant _____

To the letter writer: The above named student is an applicant for a scholarship administered by The Community Foundation of Southeastern Connecticut. We appreciate your willingness to write a letter of recommendation on his or her behalf. You may use this form or write a separate letter. Please address your comments to the areas of **scholarship, initiative, maturity and potential for excellence in the medical field**. Your thoughtful assessment of this student is appreciated by the selection committee and will be kept in strict confidence.

Signature _____

Date _____

THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT

APPLICATION CHECKLIST

Application Deadline is April 15th (postmarked)

If you wish to be considered for a scholarship the following documents must be received or postmarked by April 15th. *We prefer that the application and all attachments arrive in one package.*

- ___ **Application Form** including financial information.

- ___ **Essay.** The essay must be **signed** by the applicant.

- ___ **Federal Income Tax Return (1040)** for 2008 - both Parents' and Student's. (*Parental information is required if they claim you as a dependent on their tax return.) ***Please black out social security numbers on documents.***

- ___ **Letter of Recommendation** to be written by a current faculty member. You may submit more than one recommendation.

- ___ **Official Transcript** from current college or medical school.

- ___ **Letter of acceptance** from an accredited medical school for first year students.

- ___ **Three copies** (original plus two) of each of the above documents.

- ___ One copy of this **Application Checklist.**

CFSECT towns: New London, Groton, Ledyard, Stonington, North Stonington, Montville, Waterford, East Lyme, Old Lyme, Lyme & Salem.

Important: If you have not included any of the above documents please explain why:

Please call Jennifer O'Brien, Program Director at the Community Foundation, at 860-442-3572 with any questions or e-mail her at JennOB@cfsect.org.

Remember: Three (3) copies of your application are required.