



## **2010 DR. LESLIE M. BAKER MEMORIAL SCHOLARSHIP GUIDELINES & APPLICATION**

This scholarship fund is created to assist interested people in meeting the expenses required of education and training associated with pursuing a doctorate in medicine.

- **Please complete the attached application. You may type or print.**
  - **PLEASE MAKE SURE THAT YOUR RESPONSES ARE LEGIBLE.**
  
- **Your application must include one letter of character reference.**
  - **An instructor, supervisor, employer, coach or personal acquaintance may write the letter. Keep in mind the letter should be written by someone who is very familiar with your personality, values, work ethic, etc.**

### **Eligibility Criteria:**

- Must be an individual studying medicine;
- Must be a resident of Dearborn County Hospital serving area (Dearborn, Ohio, or Switzerland County) OR intends to locate to the Dearborn County Hospital serving area, residing in the area for a minimum of 3 years; and
- Priority will be given to a student at Indiana University School of Medicine, Dr. Baker's alma mater.

### **Selection Criteria:**

- Dedication and commitment to helping others through medicine;
- Financial need; and
- Commitment to practicing medicine in the Dearborn County Hospital serving area, following education and training.

**APPLICATIONS MUST BE RECEIVED IN THE DEARBORN COMMUNITY FOUNDATION (DCF) OFFICE NO LATER THAN NOON ON JULY 9, 2010.**

**If you have any questions, please call DCF at 812-539-4115.**

**Please deliver to:  
Program Director  
Dearborn Community Foundation, Inc.  
322 Walnut Street  
Lawrenceburg, IN 47025**

**2010 DR. LESLIE M. BAKER MEMORIAL SCHOLARSHIP APPLICATION**

**1. Student Identification Information**

Name \_\_\_\_\_  
(Last) (First) (MI)

Present Address \_\_\_\_\_  
(Number/Street) (City) (State) (Zip)

Effective Until \_\_\_\_\_

Permanent Address \_\_\_\_\_  
*(if different from above)* (Number/Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Name & Address of Mother, Father or Legal Guardian

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Number/Street) (City) (State) (Zip)

Occupation of Mother & Father: Mother \_\_\_\_\_ Father \_\_\_\_\_

Employer(s): Mother \_\_\_\_\_ Father \_\_\_\_\_

Employer Address: Mother \_\_\_\_\_

Father \_\_\_\_\_

**TO BE CONSIDERED FOR THE DR. LESLIE M. BAKER MEMORIAL SCHOLARSHIP,  
APPLICATIONS MUST BE RECEIVED IN THE  
DEARBORN COMMUNITY FOUNDATION OFFICE BY  
NOON ON OR BEFORE JULY 9, 2010.**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of any information may result in termination of any scholarship granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

**2. Colleges & Universities Attended**

Institution Name \_\_\_\_\_

Institution Address \_\_\_\_\_

Date(s) of Enrollment \_\_\_\_\_

Degree Expected or Earned (mo. & yr.) \_\_\_\_\_

GPA \_\_\_\_\_

Institution Name \_\_\_\_\_

Institution Address \_\_\_\_\_

Date(s) of Enrollment \_\_\_\_\_

Degree Expected or Earned (mo. & yr.) \_\_\_\_\_

GPA \_\_\_\_\_

**3. Extracurricular Activities**

Please list any/all honors, awards and prizes you have received and/or honor societies, publications and extracurricular activities in which you actively participate:

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**4. Financial Information**

Have you applied for financial aid from other sources? (check one)      YES      NO

If yes, please list \_\_\_\_\_

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**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Are you the direct beneficiary of any other income not described within this application such as an annuity, Veterans' benefits, welfare and/or social security? (check one)

YES      NO

If yes, please state the amount received from each and how frequently you receive payment \_\_\_\_\_

\_\_\_\_\_

On whose tax return was the student claimed as an exemption in the last year taxes were filed?

Father

Mother

Legal Guardian

Student

\_\_\_\_\_

### **5. Employment History**

Please list last (3) three employers and positions held

Employer & Address \_\_\_\_\_

Position Held \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_

Duties \_\_\_\_\_

Salary/Wage \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer & Address \_\_\_\_\_

Position Held \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_

Duties \_\_\_\_\_

Salary/Wage \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Employer & Address \_\_\_\_\_

Position Held \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_

Duties \_\_\_\_\_

Salary/Wage \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**6. Estimated Financial Expenses**

Itemize and attach on separate sheet of paper

**7. Essay**

Please type and attach a separate sheet of paper and explain:

- A. What attracted you to the field of medicine?
- B. What other goals and/or projects do you have outside the field of medicine?