MEMORANDUM

TO: FINANCIAL AID OFFICE
FROM: MARIO E. J. LANNI, D.Sc., EXECUTIVE DIRECTOR
DATE: JANUARY 8, 2016
RE: SCHOLARSHIP APPLICATIONS

Attached are applications for student scholarships for third and/or fourth year Pennsylvania
Students who are attending your college.

A. General Scholarship Fund

B. Alfred A. Grilli, D.O. Scholarship Fund

You may post the applications on your schools' web site or copy and disseminate as needed.

The applicants must be Pennsylvania residents prior to entering the Osteopathic Medical
School.

Prior to signing the Financial Aid Approval form review #3 of the Instructions for Applicant
to insure the applicant is qualified to receive the scholarship.

Please make sure that all information in the application is complete and received by April 1
or they will not be considered. Unfortunately incomplete applications will be rejected.

Thank you for your cooperation.

MEJL/tlk
ALFRED A. GRILLI, D.O. SCHOLARSHIP FUND

Instructions For Applicant

1. Please complete and return the following forms to the POMAF address below prior to April 1.
   A. Application
   B. Financial Aid Committee Approval Form

2. If a scholarship is granted to you, it will be forwarded to your school and applied towards your tuition.

3. This scholarship is available to Western Pennsylvania residents in POMA Districts 7, 8, 9, 12 (prior to entering an AOA approved College of Osteopathic Medicine (COM)) who will be entering the last year of any college of osteopathic medicine in the United States and have the intent to practice in Pennsylvania.

4. The scholarship that may be granted is for $500 or more if funds are available.

5. Scholarships are granted once a year - August/September.

6. Unfortunately incomplete applications will be rejected!!!

MEJL/tlk
(Revised 12/14)
ALFRED A. GRILLI, D.O. SCHOLARSHIP FUND

Financial Aid Committee Approval Form
To be completed by Financial Aid Office

____________________, 2016

APPLICANT’S NAME

Last
First
Middle

COLLEGE


GRADUATION CLASS/YEAR


APPLICANT’S ADDRESS (prior to entering COM)


1. Has the student met his/her financial obligations to the school in accordance with his/her promises?

2. Is the applicant now in good health?____ If not, state exceptions:

3. Is this student in good scholastic standing?_____ Yes _____ No

4. Priority Rating:

_______ #1 - There is immediate and urgent need.

_______ #2 - There is some degree of urgency.

_______ #3 - There is insufficient evidence to justify any immediate financial assistance.

_________ Approve __________ Disapprove

________________________
Signature of Financial Advisor/Chairman

NOTE: IF DISAPPROVED, PLEASE GIVE REASON(S) WHY.

________________________

MEJL/tlk
(Revised 12/14)
ALFRED A. GRILLI, D.O. SCHOLARSHIP FUND

Application Form

PLEASE PRINT OR TYPE

Name ____________________________________________________________

Last                        First                        Middle

Present Residence _______________________________________________________

Address (prior to entering COM) ____________________________________________

Phone # ___________________________ Cell # ________________________________

Graduation Class/Year ___________________________________________________

Social Security # ___________________________ Driver's License # ________________

Age __________________________

Marital status:  S  M  (Circle One)

Sex:  M  F  (Circle One)

Employed?  Yes__  No__  FT__  PT__  Salary____________________Mo./Yr.

If married, is spouse employed?  Yes__  No__  FT__  PT__  Salary____________________Mo./Yr.

Did you file, or will file, a U.S. Income tax return for past year?  Yes__  No__

*If yes, please attach a copy of your 2014 return (1040 or other) and a copy of your 2015 W-2 /1099's.

Father's occupation ________________________________________________

Mother's occupation ________________________________________________

Total source(s) of income:  *IRS filing  $ __________

Loans - Undergraduate  $ __________

*Loans - Medical School  $ __________

Scholarships/grants  $ __________

Other  $ __________

Total income as of 12-31-2015  $ __________

* OUTSTANDING MEDICAL LOANS AS OF 12/31/2015  $ __________

Note:  If the Financial Aid Office has a summary of your loans, please attach.

I understand that if my application is not received by the POMA Foundation by April 1, I may not be considered for a scholarship for the school year beginning September of the same calendar year.

Signature of Applicant ______________________________________________

Date __________________________

MEJL/tlk

(Revised 12/14)