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
GENERAL 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 Pennsylvania residents (prior to entering and AOA approved College of Osteopathic Medicine (COM)) who will be entering their third or fourth year of any college of osteopathic medicine in the United States. (You must apply each year.)

4. Scholarships are based on approved applications, needs, and funds available.

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

6. An incomplete application will be rejected!!!
GENERAL 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? ____ Yes    ____ No

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 1/11)
GENERAL SCHOLARSHIP FUND

Application Form
PLEASE PRINT OR TYPE

Name ____________________________ Last First Middle

Present Residence ____________________________

Address (prior to entering COM) ____________________________

Phone # ____________________________ Pager ____________________________ Cell # ____________________________

Graduation Class/Year ____________________________

Social security # ____________________________ Driver 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 personally 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: Salary $ ____________

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 loan for the school year beginning September of the same calendar year.

__________________________________________
Signature of Applicant

__________________________________________
Date

MEJL/tlk
(Revised 1/14)