

**HOSPITAL FOUNDATION OF DECATUR COUNTY, INC.
MEDICAL STUDENT TUITION ASSISTANCE PROGRAM**

Each academic year beginning in the Fall semester of 2022, the Hospital Foundation of Decatur County, Inc. (the *Foundation*) Medical Student Tuition Assistance Program will award up to Twenty Thousand Dollars (\$20,000.00) per semester (*Tuition Assistance*) to up to two individuals who graduated from a high school in Decatur County or a surrounding county and agrees to return and practice medicine in Decatur County (the *Recipient(s)*).

Eligibility and Terms

- (1) Eligible applicants must:
 - a) be a graduate of a high school located in Decatur County, Indiana or a surrounding county;
 - b) be actively enrolled on a full-time basis in a medical school approved by the Indiana Medical Licensing Board pursuing a degree of Doctor of Medicine or Doctor of Osteopathic Medicine;
 - c) agree to practice medicine in Decatur County, Indiana upon completion of medical school and residency; and
 - d) authorize the applicant's medical school to release transcripts to the Foundation to verify compliance with eligibility requirements.
- (2) The Foundation will provide Tuition Assistance directly to the Recipient's medical school to be documented as a loan from the Foundation to the Recipient (the *Loan*).
 - a) The Loan balance is due in full *plus* accumulated interest of 1.5% per annum within twelve (12) months following the Recipient's last semester of enrollment in medical school.
 - b) However, the Foundation agrees to forgive the Loan in full if the Recipient:
 - (i) attains an unlimited license to practice medicine in Indiana, and
 - (ii) either:
 - (A) practices medicine as an employee of Decatur County Memorial Hospital or its affiliates for at least forty-eight (48) months; or
 - (B) if the Recipient is not offered employment with Decatur County Memorial Hospital or any of its affiliates, practices medicine in independent practice in Decatur County, Indiana for at least forty-eight (48) months, while also maintaining admitting privileges as an active member of the Decatur County Memorial Hospital medical staff.
- (3) Recipients that successfully complete the Fall semester will automatically receive Tuition Assistance for the following Spring semester. The Recipient must submit a copy of the Recipient's transcript to the Foundation upon the conclusion of each semester to demonstrate continued enrollment.
- (4) The Tuition Assistance is renewable annually so long as the Recipient remains enrolled in an eligible medical school. Tuition Assistance awarded for any one school year is not a guarantee of future tuition assistance funds.

Application

Submit each of the following:

- (1) A completed application.
- (2) An essay describing the reason(s) you are pursuing a career in medicine and the specialty(ies) in which you intend to practice. Essays may not exceed 5,300 characters (including spaces).
- (3) High school transcript or diploma.
- (4) Undergraduate transcript.
- (5) An applicant already enrolled in medical school for at least one semester must also submit a copy of their most recent medical school transcript.
- (6) A letter of acceptance from a medical school approved by the Indiana Medical Licensing Board.
- (7) Three (3) letters of reference from individuals that know you well and can speak to your performance as a student or your work experience. The letters of reference may not come from immediate or extended family members.
- (8) Pages 1 and 2 of your Student Aid Report (SAR). (The SAR is a part of your FAFSA Application).

Procedure

- (1) Submit completed applications and all supporting documents either in hard copy or electronically:

via U.S. Mail to: Hospital Foundation of Decatur County
720 N Lincoln St.
Greensburg, IN 47240
Attn: Mandy Lohrum, Director

- or -

via E-Mail to: Foundation@dcmh.net
Subject: HFDC Medical Student Tuition Assistance Program

- (2) Completed applications and supporting documents must be submitted to the Foundation **no later than May 15th** for the Fall semester. Late or incomplete applications will not be considered.

EXTRACURRICULAR ACTIVITIES

Please list organizations, clubs, and athletics you have been involved with, including years of involvement and leadership positions held:

Honors and awards you have received:

Community Activities:

EMPLOYMENT HISTORY (PAST AND PRESENT)

Job Title/Description	Hours Worked/Wk	Period of Employment
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

- I am a current DCMH employee. If yes, Department: _____
- I am a current DCMH employee tuition assistance participant.
- I have previously worked at DCMH. If yes, please give specifics:

FINANCIAL RESOURCES

Estimated annual cost of attending school: \$ _____

Estimated parent contribution: \$ _____

Estimated student contribution: \$ _____

List of current scholarships, grants, and funds:
_____ \$ _____
_____ \$ _____
_____ \$ _____

Existing educational loan balances: \$ _____

Other financial considerations: _____

I certify that the information on this application is true and accurate to the best of my knowledge. I understand that information contained in this application and its supporting documents becomes property of Decatur County Memorial Hospital and the Hospital Foundation of Decatur County.

(Applicant's Signature)

(Date)