



Family Medicine Foundation of West Virginia

ESP Scholarship Fund

MEMORANDUM

Dear Scholarship Applicant:

Thank you for your interest in receiving an educational scholarship from the Family Medicine Foundation of West Virginia ESP Fund. As you will note, this scholarship is limited to second, third, and fourth year medical students who specifically plan to enter the field of Family Medicine in West Virginia on completion of their residency training.

It is our goal to award four concurrent scholarships, each in the annual amount of \$5,000. As recipients of the scholarship graduate from medical school, new recipients are selected to maintain this goal. The ESP Selection Committee meets annually in early April to review applications and select new recipients. Applications should be received by March 20, 2017 in order to be considered by the ESP Selection Committee. Applications can be emailed, faxed or sent via US mail. Applicants may be requested to appear for personal interviews and will be given advance notice should such an interview be necessary.

The following items have been enclosed for your convenience in the application process:

- ***Guidelines for Completion of the ESP Scholarship Application*** – Please refer to this checklist while completing the application process.
- ***Rules Governing Loans*** – This document outlines in detail the requirements for receiving the ESP Scholarship.
- ***ESP Fund Scholarship Application***
- ***AAFP Student Membership Application***

We look forward to the receipt of your completed application. If you have any questions, please do not hesitate to contact our office at 304.733.6485.

Sincerely,

Johnna Gaunch
Family Medicine Foundation
of West Virginia

ESP SCHOLARSHIP LOAN APPLICATION GUIDELINES FOR COMPLETION

APPLICANT CHECKLIST

- Applicant must submit their completed application and required documentation by March 20, 2017.
- Applicant must be entering their second, third, or fourth year of medical school in the fall of 2017 in the state of West Virginia and provide proof of such enrollment.
- Applicant must agree to comply with the *Rules Governing Loans / Scholarships* should he or she be selected as a scholarship recipient. Applicants must sign page two of the *Rules* and submit a signed copy.
- Applicant must submit a personal letter of request.
- Applicant must submit two recommendation letters from non-relatives.
- Applicant must be a student member or have applied for student membership in the West Virginia Chapter American Academy of Family Physicians.
- It must be understood by the applicant that financial need shall be a major determinant in awarding the scholarship.
- All applications must be received by **March 20, 2017** in order to be considered. Please send your completed application to:

Family Medicine Foundation of West Virginia
ESP Fund
650 Main Street
Barboursville, WV 25504

Complete applications may also be faxed or emailed to our office no later than the deadline at 304.733.6486 or fam.med.foundation@citynet.net.



FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA ESP FUND SCHOLARSHIP/LOAN APPLICATION

Please Type or Print

- Applicant must be entering their second, third, or fourth year of medical school in the fall of 2017 in the state of WV and provide proof of such enrollment.
- Applicant must agree to comply with the Rules Governing Loans/Scholarships should he or she be selected as a scholarship recipient. Applicants must sign page two of the Rules Governing Loans/Scholarships and submit a signed copy.
- Applicant must submit a personal letter of request. Please include any extra curriculum activities and volunteer work you do in your letter of request.
- Applicant must submit two recommendation letters from non-relatives.
- Applicant must be a student member or have applied for student membership in the WVAFP.

Name _____ Date _____

Medical School Attending: Marshall WVU WVSOM

In the fall I will be starting my 2nd 3rd 4th year of medical school and plan to graduate in: _____ (Year)

Email Address: _____

Home/Permanent Address: _____

_____ Phone Number: _____

Present Mailing Address: _____

_____ Phone Number: _____

Place of Birth: _____ Age: _____

Marital Status (Optional): _____ Number of Children: _____

Other Dependents: Spouse's Age: _____ Education: _____ Employed: Yes
 No

Only complete this section if your parents are willing/able to assist with your expenses.

Father's Name: _____ Age: _____

Address: _____

Occupation: _____ Annual Taxable Income: _____

Mother's Name: _____ Age: _____

Address: _____

Occupation: _____ Annual Taxable Income: _____

Your Financial Status:

Employer: _____

Annual income: _____

What savings do you have? _____

What debts do you owe?

Earnings in last calendar year: _____ Other income:

Eligible for what veteran's benefits?

What assistance from loans/scholarships are expected aside from that applied for here?

**FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA
ESP FUND SCHOLARSHIP/LOAN APPLICATION**

Please Type or Print

TABULATE BELOW A PROPOSED BUDGET FOR YOUR UPCOMING YEAR IN MEDICAL SCHOOL:

Income/Assets: (Best Estimates)

Personal Savings	_____
Net Earnings During School Year	_____
Net Earnings During Vacations	_____
Financial Aid from Parents, Relatives, Friends, etc.	_____
Loans, Gifts, or Scholarships	_____
Other (Specify)	_____
Total	_____

Expenses: (Current Figures, Subject to Change)

Tuition and Fees	_____
Books and Supplies	_____
Room & Board	_____
Clothing	_____
Transportation	_____
Recreation	_____
Organizations	_____
Insurance	_____
Other (Specify)	_____
Total	_____

How did you expect to finance your medical education when you applied for medical school?

Is it your intention to practice medicine in the field of family practice in the state of West Virginia for a period not less than two years after the completion of residency training?

Must answer yes to be eligible for the ESP Loan/Scholarship

I have read and understand the conditions under which the loans of the Family Medicine Foundation of West Virginia/ESP Fund are granted. I hereby apply for such a loan to begin with my enrollment this fall. I agree to fulfill the conditions imposed if a loan/scholarship is granted to me.

Signed _____ Dated _____

Please submit your completed application and required documentation by **March 20, 2017** to:

Family Medicine Foundation of West Virginia
ESP Fund
650 Main Street
Barboursville, WV 25504

Fax: 304.733.6486 • Email: fam.med.foundation@citynet.net

**FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA
RULES GOVERNING LOANS
ESP FUND**

1. The recipient of a Family Medicine Foundation of WV/ESP loan shall be a qualified person, who will be a second, third, or fourth year medical student and has been accepted in an accredited WV medical school. The recipient is a member or has applied for student membership in the West Virginia Chapter of the American Academy of Family Physicians. The recipient intends to practice medicine in the field of Family Medicine in the state of West Virginia for a period not less than two years after the completion of his or her intern or residency training unless awarded the scholarship as a fourth year medical student in which case he or she must intend to practice medicine in the field of Family Medicine in the state of West Virginia for a period not less than one year after the completion of his or her intern or residency training. **Upon completion of the practice of medicine in the field of Family Medicine in the state of West Virginia for the specified amount of time after completion of his or her intern or residency training, the recipient will have no obligation to repay the loan.**

Note: Emergency medicine and Urgent Care Centers do not qualify for the definition of Family Medicine. A practice that is across the border in another state, treating some West Virginia patients does not qualify in meeting this requirement.

2. The recipient of an ESP loan shall be a student enrolled at a West Virginia medical school who may need and deserves financial assistance.
3. In addition to the completed application, the applicant shall submit to the Board of Directors of the Family Medicine Foundation of WV/ESP Scholarship Committee the following:
 - a. A personal letter of request for a loan/scholarship.
 - b. A letter of verification from the applicant's medical school stating he/she is enrolled and in good standing.
 - c. Two recommendation letters from two persons not related to the applicant.
 - d. A signed copy of this document, Rules Governing Loans/Scholarships.
 - e. Proof of application or membership in WVAFP.
4. The recipient of an ESP loan shall arrange for the registrar of the medical school in which he or she is enrolled to send the Family Medicine Foundation of WV/ESP Fund a report of the recipient's progress at the conclusion of each semester.
5. It is the student's responsibility to report any address changes to the Family Medicine Foundation of West Virginia.
6. Upon the approval of the ESP loan by the Family Medicine Foundation of WV the recipient will be required to complete and sign a Student Loan Agreement and a Demand Note to repay the loan/scholarship. **Repayment is only required if the recipient does not fulfill the scholarship terms as detailed in this document.** Upon receipt of the signed Loan Agreement and Demand Note, a check in the amount of **\$2,500** per semester will be made payable to the recipient.
7. Should the recipient of an ESP loan discontinue his or her studies in a School of Medicine or decide not to practice in Family Medicine prior to beginning his or her intern or residency training in Family Practice (i.e. begin another residency other than Family Practice), it will constitute a breach. Immediate notice of such discontinuance shall be given to the Family Medicine Foundation of WV. Repayment of the total amount of any ESP loan paid to any such recipient must then be commenced after the discontinuance of that training. Such repayment shall be made in accordance with the provisions of paragraph 8 of these rules.

**Family Medicine Foundation of WV
Rules Governing Loans
ESP Fund
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8. Should a recipient discontinue the practice of Family Medicine in the state of West Virginia prior to fulfilling the two-year requirement, it will constitute a breach. Immediate notice of such discontinuance shall be given to the Family Medicine Foundation of WV. The recipient will then be obligated to repay the Family Medicine Foundation of WV/ESP Fund commencing within one year following such discontinuance. Such repayment shall be by automatic electronic transfer of funds in accordance with the provisions of these rules, and the principal amount to be repaid shall be determined in accordance with the following schedule:
 - a. If such discontinuance of practicing in Family Medicine occurs less than one year into the recipient entering Family Practice, the amount required to be repaid shall be 100% of the total amount of any ESP loan paid to such recipient.
 - b. If such discontinuance of practicing in Family Medicine occurs after completion of one year of Family Practice, the amount to be repaid shall be 50% of the total amount of any ESP loan paid to such recipient.
9. Should the recipient be required to repay in whole or in part any ESP loan paid to him or her, such repayment shall be made by automatic electronic funds transfer to the Family Medicine ESP Scholarship Forfeiture account and over a time period not exceeding ten years at an annual interest rate of 6%. It is understood that the recipient may pay the loan in full without penalty if paid before interest has accrued.

I have read, understand, and agree to the above.

Signed _____ **Dated** _____
Student Applicant

Please Print:

Name _____

Address _____

Phone _____

Email _____

Please submit this signed document with your application by **March 20, 2017** to:

Family Medicine Foundation of West Virginia
ESP Fund
650 Main Street
Barboursville, WV 25504
Fax: 304.733.6486 • Email: fam.med.foundation@citynet.net