



CalvertHealth™ Foundation

E. Anne Spitzer, MD Memorial Scholarship Application Packet

This packet contains:

1. Program Guidelines
2. Application for scholarship funds
3. Reference questionnaires

Instructions:

1. Complete the Application Form as completely and neatly as possible. Do not leave blank spaces.
2. Contact the references you have listed on the application and provide them with the reference questionnaires. It is advisable to also provide them with envelopes addressed to:

CalvertHealth Foundation, Inc.
Scholarship Committee
PO Box 2127
Prince Frederick, MD 20678
3. Obtain copies of most recent high school and college official transcripts and attach to the completed application along with notification of acceptance to an accredited program.
4. Sign and date the application.
5. Return completed application to the CalvertHealth Foundation prior to the filing deadline as outlined in the program guidelines. Incomplete applications (*i.e. missing references, transcripts, etc.*) as of the filing deadline will not be considered.

E. Anne Spitzer, MD Memorial Scholarship Program Guidelines

We appreciate your interest in the Scholarship Program sponsored by the CalvertHealth Foundation. These guidelines are presented to answer questions you may have concerning the awards.

Who is eligible to apply?

This scholarship is open to students who graduated from a Calvert County High School and are pursuing a doctorate in medicine. Students must be admitted to an accredited medical school at the time of application with a minimum GPA of 2.5. Qualified applicants are selected without regard to race, creed, color, religion or gender.

Does financial need affect eligibility?

No; financial need does not affect eligibility. While financial need as determined by the number of other scholarships, grants and resources an individual has earned is reviewed by the committee and may affect the amount of assistance granted, it is not the sole or overriding determinant. The CalvertHealth Foundation is interested in selecting the best possible candidates for the awards.

What specifies the award?

- 1) These awards are pre-determined scholarships.
- 2) While there is no pay back attached to this scholarship, either in cash or hours worked, CalvertHealth would like to maintain a relationship with its awardees in the hopes you would consider applying in the future.

How and when to apply?

- 1) Fill out the accompanying application which includes three (3) reference questionnaires to be submitted to:

CalvertHealth Foundation
Scholarship Committee
PO Box 2127
Prince Frederick, MD 20678

- 2) Application should be postmarked on or before **April 30**. Monies will be awarded beginning in July.

Is re-application necessary for continual financial assistance?

Yes, interested students need to reapply each year by the deadline for continuation of the scholarship for the next school year.

Complete applications include the application, essay (information included on the application form), transcripts, acceptance letter and all references. If you have any further questions concerning the program, contact the CalvertHealth Foundation at (410) 414-4570.

CalvertHealth Foundation, Inc.

Application for the E. Anne Spitzer, MD Memorial Scholarship

Basic Information *(please type or print clearly):*

Name: _____
Last First Middle Initial

Telephone: _____ Email: _____

Home Address: _____

Date of Birth: _____

Name of High School and Graduation Date: _____

Name of Accredited Medical School to which you were accepted:

Total Tuition Costs per Semester: _____

Anticipated Medical School Completion Date: _____

Anticipated Internship Completion Date (if available): _____

List community activities in which you participate *(e.g. civic organizations, volunteer experience)*

List high schools and colleges with the last four years *(please submit your transcripts with your application):*

Name	City, State	Dates Attended:	Diploma Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School for which assistance is requested: _____

Indicate the curriculum in which you have been accepted (ex: Registering Nursing):

Has your admission been approved: Yes No (Please attach your letter of acceptance.)

When will you graduate? Month _____ Year _____

Anticipated expenses *per semester*:

Tuition _____

Books _____

Total per semester _____

List all scholarships, loans and grants previously awarded to you, currently pending, or applied for:

Name of Scholarship and Sponsor	Year & Duration	Amount Awarded	Previous Award	Current Year	Applied for
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List three (3) most recent employers:

Dates	Employer and Address	Position	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please disclose any relationship you may have with any of the following:

Any officer or director or employee of the Foundation, Calvert Health System, Inc. or CalvertHealth Medical Center, any member of the Calvert County Medical Society or any substantial contributor to any of the above referenced entities.

In a short essay of 500 words or less, please explain why you have chosen a medical career as your career pursuit. Please use a separate piece of 8-1/2 x 11 paper and attach. Please be sure your name is on your essay.

List three (3) references that will provide comments concerning your abilities. One must be a previous or current instructor, and, if employed, your present employer. If not employed, one must be your immediate past employer. The remaining may be acquaintances other than parents and relatives.

(1) Name

Address

Phone _____ Occupation _____

(2) Name

Address

Phone _____ Occupation _____

(3) Name

Address

Phone _____ Occupation _____

Please stress to your chosen references to return their questionnaires by the application postmark deadline of April 30.

I certify the information above to be correct to the best of my knowledge.

Signature/Date

CalvertHealth Foundation Scholarship Reference

The person named below is being considered for one of the scholarship awards given by the CalvertHealth Foundation Scholarship Committee. We would appreciate your confidential comments concerning the applicant's academic ability and personal qualities.

Applicant's name: _____

	LOW	AVERAGE	HIGH	VERY HIGH
Punctuality				
Responsibility				
Follows directions				
Works independently				
Works well with others				
Manners and general attitude				
Academic achievement				

Comments:

Please mention any additional information which might help in evaluating this individual's application:

(use reverse if necessary)

Overall recommendation:

- Not recommended
- Recommended (with reservations)
- Recommended
- Highly recommended

Signature _____ *Date* _____

Please ensure form is postmarked on or by April 30 to:

CalvertHealth Foundation
Scholarship Committee
PO Box 2127
Prince Frederick, MD 20678

Please sign all three areas

CalvertHealth Foundation, Inc.

PO Box 2127

Prince Frederick, MD 20678

I voluntarily give CalvertHealth Foundation, Inc. permission to make a thorough investigation of my educational background and past employments and all other facts within my scholarship application and release from liability or responsibility all persons, places of business and municipalities supplying such information.

Signature: _____ Date: _____

CalvertHealth Foundation, Inc.

PO Box 2127

Prince Frederick, MD 20678

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Signature: _____ Date: _____
