



## **E. Anne Spitzer, MD Memorial Scholarship Application Packet**

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*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 the most recent high school and college official transcripts and attach them to the completed application, along with notification of acceptance to an accredited program.  
*Repeat applicants don't need to resubmit high school/college transcripts that haven't changed since the previous year, i.e., you are no longer an active student at that school. Current transcripts are still required for submission with the annual application submission.*
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 (must be postmarked on or before April 15). 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 address any questions you may have regarding 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 payback 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 15**. 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*

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**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)**

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**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: Nursing):  
\_\_\_\_\_

Has your admission been approved by the university:  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
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List three (3) most recent employers:

Dates	Employer and Address	Position	Reason for leaving
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***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.

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**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 15.**

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

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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:

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*(use reverse if necessary)*

**Overall recommendation:**

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

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*Signature*

*Date*

***Please ensure form is postmarked on or by April 15 to:***

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



Please sign

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**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: \_\_\_\_\_

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### **CalvertHealth Allied Health Scholarship Terms and Conditions**

1. I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for being disqualified from the CalvertHealth Allied Health Scholarship program.
2. The program is intended to be beneficial to both the candidate and Calvert Health System. The CalvertHealth Foundation agrees to fund a portion of the candidate's education upon meeting scholarship criteria and in return the successful applicant agrees to apply for employment with Calvert Health System.

Applying for a position does not imply guaranteed employment nor does the applicant have to accept employment if offered. The intent of the program is to select qualified candidates and he/she be considered with all other applicants. If the candidate is chosen and hired, he or she will receive wages equivalent to those received by other associates with the same job, title, and experience.

Thank you for your interest and consideration.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_