#### William G. Anderson, DO, Minority Scholarship

This scholarship was established in 1998 to honor the distinguished professional and public career of William G. Anderson, DO, and highlights his life-long commitment to civil rights and osteopathic medicine. He has served in many capacities, including being the first African-American to serve as President of the American Osteopathic Association (AOA).

## Purpose

The William G. Anderson, DO, Minority Scholarship recognizes a minority osteopathic medical student who is committed to osteopathic principals and practice, has excelled academically, and has proven to be a leader in addressing the educational, societal, and health needs of minorities. The goal of this award is to recognize today’s minority medical students as they become tomorrow’s doctors and work to eliminate health care disparities.

Eligibility

This scholarship is open to any minority osteopathic medical student who has successfully completed his/her first-year of studies prior to the fall of 2013 and will still be enrolled as an osteopathic medical student during the fall of 2013. All applicants must be in good academic standing at an AOA accredited college of osteopathic medicine. For the purpose of this scholarship, a minority is defined as those of African-American; Native American, including American Indians, Alaska Natives and Native Hawaiians; mainland Puerto Rican or Hispanic ethnic origin.

Applicants shall meet the following criteria:

* Strong interest in osteopathic medicine, its philosophy and principles
* Excellent academic achievement
* Demonstrated leadership efforts in addressing the educational, societal, and health needs of minorities
* Demonstrated leadership efforts in addressing inequities in medical education and health care
* Noteworthy accomplishments, awards and honors, special projects, and extracurricular activities that demonstrate the applicants ability to be a leader
* Financial need (financial need is a factor, but not the determinative factor in the selection of a recipient)

Scholarship Information and Announcement

***One recipient will be presented with a $5,000 scholarship during the American Osteopathic Foundation’s (AOF) Honors Ceremony***, which is held annually during the Osteopathic Medical Conference & Exposition (OMED). The AOF will provide the award recipient with a travel grant to cover airfare and hotel accommodations (*up to two nights stay)* to attend the AOF Honors Ceremony. The recipient will be notified by July 30th so that travel arrangements can be made and high resolution pictures (*suitable for publication-electronic pictures are preferred*) can be obtained for use in announcing the award recipient.

Application Requirements

***Complete packets must be received by April 24, 2013***

Application Requirements, Cont.

The following should be sent in one complete packet to the American Osteopathic Foundation:

* Completed Application Form
* Letters of recommendation/support from two references (*see below for additional information)*
* Personal Statement (*see below for length & content of this section)*
* Personal Financial Need Statement (*see below for length & content of this section*)
* Letter from the Dean or his/her designee as an official document certifying that the applicant is in good academic standing, must confirm the students class ranking/academic standing, and discuss how the applicant meets the eligibility criteria *(see below for explanation)*
* Letter from the Director of Financial Aid verifying financial need
* Current Resume or Curriculum Vitae
* Official medical school academic transcript, *(may be mailed separately)*

### Personal Statement

The applicant shall provide a personal statement. The personal statement should be no more than 2 pages in length with one-inch margins, double spaced, and using a font no smaller than 10-point. The statement should illustrate the individual’s commitment to osteopathic medicine, its philosophy and principles; noteworthy accomplishments, awards and honors, clerkships or special projects, and extracurricular activities in which the student has shown leadership abilities; leadership efforts in addressing the educational, societal, and health needs of minorities; leadership efforts in eliminating inequities in medical education and health care; and outstanding academic achievements. The selection committee would like to know the individual’s future goals and what steps the applicant has taken toward realizing those goals.

Personal Financial Need Statement

The applicant shall provide a personal financial need statement. The financial need statement should be no more than 1 page in length with one-inch margins, double spaced, and using a font no smaller than 10-point. The statement should describe the individual’s financial need while in osteopathic medical school.

Academic Standing

For those colleges that use a pass/fail system, please indicate the student's class rank (if it is calculated), or indicate if the student falls into the top academic cohort by what ever system your school uses.Please indicate the parameters by which that system is structured, i.e. "our college recognizes those students in the top 10% of the class and this student is/is not a member of that grouping." Applications from students that do not contain information on academic excellence indicators will be difficult to evaluate for that criteria and such students may be disadvantaged in competition for these awards.

Letters of Recommendation/Support

The two letters of recommendation/support shall be from members of the osteopathic community, such as physicians, instructors, trainers, mentors, or other school personnel who can speak to the applicant’s qualifications for this award based on the above eligibility criteria. The applicant can choose the individuals.

***Letters of recommendation must be sealed in individual envelopes with the author’s***

***signature across the seal***

### Packet Checklist

Use the checklist below to make certain your application packet is complete:

\_\_\_\_\_\_ Completed Application Form

\_\_\_\_\_\_ Personal Statement

\_\_\_\_\_\_ Personal Financial Need Statement

\_\_\_\_\_\_ Resume or Curriculum vitae

\_\_\_\_\_\_ Current transcript (*included or mailed separately*)

\_\_\_\_\_\_ Letters of recommendation/support from two references

\_\_\_\_\_\_ Letters from Dean and the Director of Financial Aid

***Incomplete packets or packets that do not comply with the application requirements***

***will not be forwarded to the selection committee***

Mail Completed Application Packet To

American Osteopathic Foundation

William G. Anderson, DO, Minority Scholarship Packets must be received by April 24, 2013

142 E. Ontario Street, Suite 1450

Chicago, Illinois 60611

Additional Information

For additional information please contact Vicki Heck, Director of Programs at vheck@aof.org or at (312) 202-8232. Word and PDF versions of this document are available on the AOF Website, [www.aof.org](http://www.aof-foundation.org) under the tab “Grants and Awards”.

2013 William G. Anderson, DO, Minority Scholarship

### Application Form

All contact and mailings will occur between June and October; please provide the appropriate mailing and contact information. Former scholarship recipients are not eligible to reapply for the same award for a period of three years.

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| Applicant: |  | AOA#: |  |
|  |
| College/School: |  |
|  |
| OMS Yr (Fall of 2013): |  | Date Started School: |  | Expected Graduation Date: |  |
| *(Include month and year)*  |
| Mailing Address: |  |
|  |
| City: |  | State: |  | Zip: |  |
|  |
| Telephone: |  | E-mail: |  |
|  |
| Ethnic Background (*Please check one)*: |
|  |  | African American |  | Mainland Puerto Rican or Hispanic Origin |  | Native American |
|  |
| Class Ranking or GPA: |  | Are you applying for more than one AOF Award, Grant or Scholarship: |  |
|  |
| If yes, which one(s): |  |
|  |
|  |
|  |
| Reference 1: |  | Telephone: |  |
|  |
| E-mail (*Reference 1*): |  |
|  |
| Reference 2: |  | Telephone: |  |
|  |
| E-mail (*Reference 2*): |  |
|  |
| **Financial Aid Officer**: |  | Telephone: |  |
|  |
| **Dean**: |  | Telephone: |  |
|  |
| E-mail (*Dean*): |  |
|  |
|  |
| **Signature of Applicant**: |  | Date: |  |