



Bevan W. Bunker, M.D. Medical Scholarship Fund

GENERAL INFORMATION

The Mercy Hospital Medical Staff, Coon Rapids, Minnesota, will be awarding a scholarship to a medical student from the Mercy and Unity Hospital Foundation service area in memory of the late Bevan W. Bunker, M.D., a charter member of the Medical Staff of Mercy Hospital. For the 2009-2010 school year, one scholarship in the amount of \$2,000 will be awarded.

The completed application and all requested documentation **must be received by September 18, 2009.**

Recipients will be selected by the Scholarship Screening Committee on the basis of community service, ability and achievement, and financial need.

The Committee will include: Representatives from Mercy Hospital medical staff, hospital administrative staff and the community. All participants will be notified in writing of the results of the Committee's decision.

APPLICANT ELIGIBILITY

1. Demonstrated financial need.
2. Accepted at or enrolled in an accredited school of medicine.
3. A current resident of the area.

APPLICATION PROCESS

Print and complete the application form beginning on the next page and submit by mail with required documents. Keep copies for your records. See complete instructions within the application form.

Please send your completed application, essay, and two current letters of reference to:

Physician Services
Mail Route 51400
Mercy Hospital
4050 Coon Rapids Blvd.
Coon Rapids, MN 55433

******* APPLICATION MUST BE LEGIBLE *******

2009 Bevan W. Bunker, M.D. Medical Scholarship Application

APPLICANT INFORMATION			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Previous Mercy Hospital Area Address (if different from above)			
Place (city) You Were Born In:			

EDUCATION			
High School		Address	
From	To		
Scholastic Average	Rank in Class	Number of Class Members	
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Scholastic Average	Rank in Class	Number of Class Members	
Medical School to be Enrolled in for the Fall of 2009			
Address			
Year You Expect to Graduate	Medical School Year (2009) ___ 1 ___ 2 ___ 3 ___ 4		
Please provide a transcript, dean's or advisor's letter documenting medical school performance.			

COMMUNITY AND SCHOOL ACTIVITIES (PLEASE ALSO LIST ANY HONORS OR AWARDS)	
High School	
College	
Medical School	
Community	

If you need more room, please attach a separate piece of paper.

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List all firm sources of income for 2009-2010 school year in the following categories:	Scholarships/Awards Financial Aid Employment Parent(s) Other TOTAL 0
What additional sources of income do you anticipate that are <u>not</u> yet confirmed, such as scholarships or aid applied for but not confirmed?	
Indicate the total debt for which you are personally legally responsible.	
Total size of applicant's household.	
2008 non-taxable income (Social Security, VA benefits, child support, AFDC, unemployment, any non-taxable income).	
2008 adjusted gross income (A copy of 2008 tax returns verifying adjusted gross income must be provided).	
Do you plan to work this summer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you plan to work during the school year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Estimate your income available to you next year.	

Attach to this application a typewritten essay explaining why you selected medicine as your career of choice and your career goals. Give community service reasons for applying for this scholarship and the circumstances that make financial aid necessary. Also attach two current letters of recommendations from teachers and/or supervisors.

DISCLAIMER AND SIGNATURE	
I voluntarily give the Scholarship Committee the right to make a thorough investigation of my past employment, activities, education and training record. I voluntarily agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, corporations or schools supplying such information. I agree that the decision of the Bevan W. Bunker Scholarship Screening Committee will be final.	
Signature	Date

Please send your completed application, essay, and two current letters of reference to:

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******* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED *******