



## COMMUNITY FOUNDATION of the OZARKS

### Smith-Glynn-Callaway Medical School Scholarship in memory of Stanley S. Peterson, M.D. 2010

The Smith-Glynn-Callaway Scholarship provides financial assistance to a medical student. One new, renewable scholarship of \$5,000.00 will be granted for the 2010-11 academic year. Prior recipients will continue to be renewed, dependent upon their satisfactory academic record.

#### Eligibility Criteria

- Must have pre-medical education, preferably obtained at a Missouri college/university
- Must demonstrate financial need by providing FAFSA – SAR (Student Aid Report)
- Applicants from Southwest Missouri are preferred
- Applicants must have been accepted to a Missouri medical school

#### Checklist - a complete application includes:

- A completed CFO-Selected Scholarship Application Form
- A completed Smith-Glynn-Callaway Scholarship Application Form
- An official copy of your college transcript with cumulative GPA
- A copy of your FAFSA – SAR (Student Aid Report)
- A reference letter from a pre-med professor
- A one-page essay “Why I am interested in a career in medicine” and “My plans for specialization”

#### DEADLINE

Your application must be received by **June 25, 2010**

Please fill in all information as requested. An incomplete application may be disqualified.

**Please mail application and all required support materials in ONE envelope to:**

Judith Billings, Grants & Scholarships Coordinator  
Community Foundation of the Ozarks  
425 E Trafficway, Springfield MO 65806

Questions? Judith Billings (417) 864-6199 or [jbillings@cfozarks.org](mailto:jbillings@cfozarks.org)



**COMMUNITY FOUNDATION of the OZARKS**  
**CFO Committee-Selected Scholarship Application**

Scholarship you are applying for \_\_\_\_\_

Name \_\_\_\_\_ Last 4 digits  
(please print) of Soc Sec # \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's name \_\_\_\_\_

High School attended \_\_\_\_\_

Undergraduate college \_\_\_\_\_

Include official copy of your college transcript with cumulative GPA

Is this a renewal application?  yes  no

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**DEADLINE: June 25, 2010**



**COMMUNITY FOUNDATION of the OZARKS**

Smith-Glynn-Callaway Medical School Scholarship  
in memory of Stanley S. Peterson, M.D.  
Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

Permanent  
Phone Number (home ) \_\_\_\_\_ (college ) \_\_\_\_\_

Hometown \_\_\_\_\_ Years lived in SW MO \_\_\_\_\_

College/University  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical School  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Include a referral letter from a pre-med professor

Include a one-page essay, "Why I am interested in a career in medicine" and "My plans for specialization"

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

**DEADLINE: June 25, 2010**

# FINANCIAL NEED STATEMENT

Smith-Glynn-Callaway Medical School Scholarship  
in Honor of Stanley S. Peterson, M.D.

**Section A: Include a copy of your FAFSA - SAR or EFC (previous year's will be accepted)**

**Section B: Need Analysis**

Tuition and Fees:		\$ _____
Books and Supplies:	+	\$ _____
Total Living Expenses:	+	\$ _____
<b>TOTAL cost of Attendance:</b>		<b>\$ _____</b>
Student Contribution:	-	\$ _____
Parent Contribution:	-	\$ _____
<b>Financial Need:</b>		<b>\$ _____</b>

**Section C: Aid Offered**

**Scholarships:**

Name _____	Amount \$ _____
Name _____	Amount \$ _____
Name _____	Amount \$ _____
Name _____	Amount \$ _____

**Loans:**

Name _____	Amount \$ _____
Name _____	Amount \$ _____
Name _____	Amount \$ _____

**TOTAL Scholarships & Loans: \$ \_\_\_\_\_**

**Section D: Please have the Financial Aid Officer at your school sign below:**

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



