



Bevan W. Bunker, M.D. 2010 Medical Scholarship Fund

GENERAL INFORMATION

The Mercy Hospital Medical Staff, Coon Rapids, Minnesota will be awarding scholarships to medical students from the service areas of Mercy and Unity hospitals, in memory of the late Bevan W. Bunker, M.D., a charter member of the Medical Staff of Mercy Hospital.

Two \$2,000 scholarships will be awarded for the 2010-2011 school year.

The completed application below must be received by **July 16, 2010**. Submit electronically to MercyPhysicianServices@allina.com or Mercy Physician Services, Mail Route 51400, Mercy Hospital, 4050 Coon Rapids Blvd., Coon Rapids, MN 55433.

Recipients will be selected by the Mercy Scholarship Screening Committee on the basis of community service, ability, achievement and financial need. The committee includes representatives from Mercy Hospital medical staff and hospital administrative staff. All applicants will be notified in writing of the results of the committee's decision.

APPLICANT ELIGIBILITY

1. Demonstrated financial need.
2. Accepted by or enrolled in an accredited school of medicine.
3. A current resident of the area (or if a student, he/she should be a graduate from a high school in the area).

APPLICATION MUST BE LEGIBLE

To complete the application electronically, save the file, then re-open in Adobe Reader 8. Choose Tools > Typewriter > Typewriter. Click over a blank form field and type. (Optional) Choose Tools > Typewriter > Show Typewriter Toolbar. Use these tools to change the size or position of the typed text. When finished, save and/or print a copy of the filled-in form. Submit electronically to MercyPhysicianServices@allina.com or to Mercy Physician Services, Mail Route 51400, Mercy Hospital, 4050 Coon Rapids Blvd., Coon Rapids, MN 55433. **The completed application must be received by July 16, 2010.**

2010 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)			
Birthplace (city):			

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 2010			
Address			
Year You Expect to Graduate	Medical School Year (2010) ___ 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 submit a separate piece of paper.

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EMPLOYMENT (PLEASE BEGIN WITH MOST RECENT)		
Company	Job Title	
Responsibilities		
From	To	Reason for Leaving
Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving
Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving
Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving

FINANCIAL INFORMATION	
Did or will your parent(s) claim you as a dependent for income tax purposes in:	2008: YES <input type="checkbox"/> NO <input type="checkbox"/> 2009: YES <input type="checkbox"/> NO <input type="checkbox"/>
How much financial assistance (in dollars) did you receive from your parents during the 2009-2010 school year?	
How much financial assistance (in dollars) will you receive from your parents during the 2010-2011 school year?	
Indicate your estimates of expenses for the 2010-2011 school year in the following categories:	<div style="text-align: right;"> Tuition Room & Board Books Other TOTAL </div> <div style="text-align: right; margin-top: 10px;">0</div>

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List all firm sources of income for 2010-2011 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.	
2009 non-taxable income (Social Security, VA benefits, child support, AFDC, unemployment, any non-taxable income).	
2009 adjusted gross income (A copy of 2009 tax returns verifying adjusted gross income must be provided).	
Are you working 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 the reason 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 via e-mail to MercyPhysicianServices@allina.com or to:

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

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