



*The Broomfield Community Foundation*

**Jean and Bill Markel Medical Scholarship Application**

The Jean and Bill Markel Medical Scholarship was established in honor of Dr. Markel and his wife Jean.

**Eligibility:** This scholarship will give assistance to someone studying in one of the following categories:

- Post graduate training for a medical student studying pediatrics or family practice
- Post graduate training for a student studying to be a Physician's Assistant
- 3<sup>rd</sup> or 4<sup>th</sup> year Nursing student that is focusing on Clinical Nursing

Outside of school, the applicant must have a Broomfield residence address.

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The completed application and supporting materials are to be submitted by August 14, 2009 to:

Broomfield Community Foundation  
P. O. Box 2040  
Broomfield, CO 80038-2040

Applications will be reviewed by a committee with members from the Broomfield Community Foundation and representatives from Broomfield medical practices. Personal interviews, for those that pass the initial application review screening, may be included in the selection process. Written notification of the Selection Committee's decision will be mailed to applicants by the end of August.

This scholarship payment will be sent directly to the selected college/university/higher learning institution for application to the student's account for use only at the learning institution for tuition purposes. The amount shall not exceed \$1,000 for an academic year. Should the student not attend or withdraw from school, unused funds must be returned to the Broomfield Community Foundation and the Jean and Bill Markel Medical Scholarship Fund. This scholarship is renewable for the number of years included in the selected student's course of training as long as the focus of study includes those in the list above. Should the focus change from any of the three mentioned areas, the scholarship will be terminated.

**Broomfield Community Foundation—Anti Discrimination Policy**

In all actions, affairs, and course of conduct, neither the Board of Directors, employees, agents nor the Broomfield Community Foundation shall unlawfully discriminate against any person based on race, religion, gender, age, ethnic origin, physical capabilities, sexual orientation, or other unlawful reasons in violation of federal law, Colorado Law, or both.

**Note: Application must be completed legibly. Computer reproduction of application is acceptable. Be sure to sign the application on Page 4.**



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Please complete and submit to the Broomfield Community Foundation by *August 14, 2009*.

**Biographical Information**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Street Address (outside of school, must have a Broomfield residence address)

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Undergraduate School Name (if Nursing, School name from years 1 and 2)

\_\_\_\_\_

Advisor Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date of undergraduate degree, if applicable \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, how many hours per week? \_\_\_\_\_

What types of paid employment have you had? \_\_\_\_\_

\_\_\_\_\_

Occupation of father \_\_\_\_\_

Occupation of mother \_\_\_\_\_

Occupation of guardian (if applicable) \_\_\_\_\_

Explain means of financing your education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Academic Information\*

\*You must attach a copy of certified evidence of acceptance to the school that you will be attending.

Please check the appropriate category:

- Post graduate training for a medical student studying pediatrics or family practice
- Post graduate training for a student studying to be a Physician's Assistant
- 3<sup>rd</sup> or 4<sup>th</sup> year nursing student that is focusing on Clinical Nursing

What are your career goals and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List organizations and activities you are most proud to have been involved in, positions of responsibility and your direct activities:

Organization	Positions Held	Years	Activities

List awards/honors attained, if relevant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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List community service activities you are involved in, positions of responsibility and your direct activities:

Organization	Position Held	Years	Activities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Letters of Recommendation**

Please attach a letter of recommendation from someone, unrelated to you, who have knowledge of your interested field of study.

**Required Essay**

Please submit a typed essay (maximum one page) explaining how you envision yourself in your selected field of study and your experiences that have prepared you for such a role in life.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date