

FINANCIAL LOAN APPLICATION

Please include:

- ☐ Completed Application
- ☐ Copy of Medical School Acceptance Letter
- ☐ Breakdown of Tuition, Fees, and Books
- ☐ Two Letters of Recommendation, preferably from an educator of pre-med studies and someone in the health profession

Return to:

MEDICAL EDUCATIONAL FOUNDATION

ATTN: MEDICAL STAFF SERVICES, 3E

730 WEST MARKET STREET

LIMA, OH 45801

Email: baer@limamededfoundation.com

AMOUNT REQUESTED: (Max: \$30,000 total) \$ _____ Per year X _____ years

NAME: _____ CELL #: _____-_____-_____

EMAIL ADDRESS: _____

CURRENT ADDRESS: _____

PARENT'S ADDRESS: _____

PARENT'S PHONE #: _____-_____-_____

MOTHER'S NAME/OCCUPATION: _____/_____

FATHER'S NAME/OCCUPATION: _____/_____

SPOUSE'S NAME/OCCUPATION: _____/_____

HIGH SCHOOL: _____

COLLEGE: _____

UNDERGRAD DEGREE: _____ MAJOR: _____ GPA: _____

MEDICAL SCHOOL: _____ MCAT: _____

INDICATE ANY UNUSUAL DEMAND THAT WILL BE MADE ON THE FAMILY'S FINANCIAL RESOURCES DURING THE NEXT 5 YRS: _____

HAVE YOU APPLIED FOR ANY OTHER FINANCIAL ASSISTANCE? YES: _____ NO: _____

APPLICATION APPROVED? YES: _____ NO: _____ IF APPROVED, AMOUNT: \$ _____

FUTURE PLANS: SPECIALTY (IF KNOWN): _____

WHERE DO YOU PLAN TO LOCATE IN PRACTICE: _____

PLEASE WRITE A PARAGRAPH ABOUT YOURSELF. USE BACK OF APPLICATION OR ATTACH SHEET