

Foundation for Excellence (FFE) In Podiatric Medicine Scholarship Information and Application Scholarship Deadline: June 15, 2008, 5 pm

What are the scholarship application instructions?

1. All pages of the FFE Scholarship Application must be either typed or written neatly in dark ink.
2. The FFE Application must be received by the Financial Aid Office by the Deadline of June 15, 2008. **Late applications will NOT be considered for the scholarship.** There will be no exceptions.
Applications can be submitted by:
 - Faxing it to the Financial Aid Office at (510) 869-1529; **or**
 - Submitting it in person to the Financial Aid Office; **or**
 - Mailing the application with a postmark prior to 6/15/08
Financial Aid Office, 450 30th Street, Suite 2850, Oakland, CA 94609.
3. All pages must be complete for an application to be considered.

What are the eligibility criteria?

A student will be considered for a FFE scholarship if all of the following requirements are met:

1. Has submitted a complete FFE Scholarship Application to the Financial Aid Office by June 15, 2008;
2. Is in the second, third, or fourth year class;
3. Has a GPA of at least 2.8 as of the end of the last reporting period, which is the end of the Spring 2007 term;
4. Has participated in community service;
5. Has participated in non-classroom podiatric professional activities;
6. And has demonstrated financial need, as determined by the financial aid office.

How many scholarships will be awarded?

For the 2008/2009 Award year, there will be 42 \$1000 scholarships and 1 \$3000 Scholarship. The donors are:

2008-2009 Scholarships

Alameda Contra Costa Podiatric Medical Society

Robert M. Barnes, DPM

Heather Barton, JD

Robert Brennan, DPM

CSPM Alumni and Associates

Theodore H. Clarke, DPM

CCPM Class of '63

CCPM Class of '72

Codingline

John E. Green, DPM

Jon Hultman, DPM/Franklin Kase, DPM

Earl G. Kaplan, DPM

Burgess Kelly, DPM

Shirley Lanham

Dr. Ben Mullens

Joseph Oloff, DPM

John D. Pagliano, DPM

Pro-Lab

George Riess, DPM

Merton Root, DPM

Robert L. Rutherford, DPM

San Diego Podiatric Medical Society

Santa Clara Valley/Orange County Podiatric Medical Society

John H. Weed, DPM

Ruth Wood, DPM

Ben Zier, MD

Is there a limit to the number of FFE Scholarships I can receive?

A student is normally awarded one FFE Scholarship each academic year. Scholarship funds are credited to the students' account.

What is my obligation as a FFE Scholarship recipient?

Each recipient is required to write a thank you letter to the donor before the business office will credit FFE Scholarship funds to his/her students' account.

Foundation for Excellence (FFE) In Podiatric Medicine Scholarship Information and Application

Last Name:	First Name:
Soc. Sec. #:	Date of Birth:
Local Street Address:	Local City, State, Zip:
Local Telephone #:	Permanent Telephone #:
Citizenship: US Citizen Eligible Non-Citizen Other	Gender: Male Female
Marital Status: Single Married Separated	What is your cumulative grade point average at CSPM at SMC?
How many dependent children do you support?	List the ages of your dependent children.
Has either parent attended college? Yes No	Have any of your siblings attended college? Yes No
Are you currently receiving financial aid? Yes No	If yes, what is the amount awarded in loan funds? \$
What is your TOTAL student loan debt? \$	What is your expected graduation date?
Have you received any scholarships this year? Yes No	If yes, what is the total amount awarded? \$
Are you currently employed? Yes No	If yes, where/what department?

In the space provided below or on a separate sheet attached to this application, please write a brief statement (75-100 words) of your volunteer (non-paid) community involvement during the past 12 months.

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In the space provided below or on a separate sheet attached to this application, please write a statement (100 words or less) of non-classroom activities representing the podiatric profession during the past 12 months.

Please give a brief explanation of how receiving FFE scholarship assistance will make a difference in your educational or personal circumstance.

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Student Certification:

I certify that the information I have provided is accurate. I authorize the Financial Aid Office and the Registrar to provide the requested information regarding my financial need and grade point average. If I am awarded this scholarship, I authorize the California School of Podiatric Medicine at Samuel Merritt College to credit this scholarship to my account, and to publish my name and scholarship information.

 Student Signature

 Date

FOR FINANCIAL AID USE ONLY

Application Received on: FAFSA Complete: Yes No EFC: _____	
Official GPA:	Financial Need:
Total Scholarships Awarded:	Total Loan Debt:
Approved for Scholarship: Yes No	Name of Scholarship:
Comments:	
Date Processed:	