COLORADO SPRINGS
OSTEOPATHIC FOUNDATION

John H. Drabing, D.O., Osteopathic Medical Student Scholarship Application (page 1 of 4)

2023-2024 Application – Due no later than January 26, 2024

Name: _____

Address: _____

Phone: _____ Email: _____

Permanent Address: _____ Phone: _____

_____ Email:_____

U.S. Citizen: _____YES: _____ NO

Military Status of Applicant: _____

What is your tuition $_____ per year?

Are you receiving full scholarship? _____YES; _____ NO

If yes, from which organizations? _____

May we verify this information with your college? _____YES; _____NO

Parent/Guardian: _____

Name: _____

Address: _____

City: _____ State:_____ Zip: _____Phone:_____

How did you hear about our Foundation's Scholarship Program? _____

_____

COLORADO SPRINGS
OSTEOPATHIC FOUNDATION

John H. Drabing, D.O., Osteopathic Medical Student Scholarship Application (page 2 of 4)

EDUCATION

Name of College of Osteopathic Medicine: _____

Address: _____

City: _____ State:_____ Zip: _____ Phone: _____

Date of Entrance: _____ GPA_____ as of _____

Current Year in Medical School: _____

I am planning a residency in the field of _____

College or other professional schools attended:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of graduation: _____ Degree: _____Major: _____GPA_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of graduation: _____ Degree: _____Major: _____GPA_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of graduation: _____ Degree: _____Major: _____GPA_____

COLORADO SPRINGS
OSTEOPATHIC FOUNDATION

John H. Drabing, D.O., Osteopathic Medical Student Scholarship Application (page 3 of 4)

Please include the following with your application.

- ____ Official College of Osteopathic Medicine Transcripts, Quartile Grade Point Average and Class Ranking for your first three semesters. These official documents must be mailed or emailed by your medical school registrar to CSOF.
- ____ Letter from your College of Osteopathic Medicine stating that you are in good standing—must be mailed or emailed by your medical school registrar to CSOF.
- ____ List of clubs, organizations and community service in which you belong and participate during medical school (applicant provides).
- ____ Curriculum vitae including extracurricular activities in the interim time between undergraduate and medical school (applicant provides).
- ____ Please write an essay (limited to no more than three pages, double-spaced) that addresses the following (applicant provides):

1. Briefly describe why you want to be an Osteopathic physician, your professional life and medical practice as you envision them to be ten years from now, your history of living in Colorado, why you want to return to Colorado to practice medicine, and any significant life challenges you've experienced.

I affirm that the statements on this application are true, complete and correct. The Foundation may verify the above information with my College of Osteopathic Medicine.

_____ _____

Applicant's Signature Date

Submit application and all requested documents by January 26, 2024 to:

Colorado Springs Osteopathic Foundation
P.O. Box 49577 Colorado Springs, CO 80949

For questions or additional information, please contact Doris Ralston at:
Email: DRalston@csof.org
PHONE: 719.635.9057

COLORADO SPRINGS
OSTEOPATHIC FOUNDATION

John H. Drabing, D.O., Osteopathic Medical Student Scholarship Application (page 4 of 4)

I, _____, hereby consent that the Colorado Springs Osteopathic Foundation is authorized to use my name, portrait, picture, photograph, or any reproduction of myself for promotional purposes.

I also consent to the Foundation contacting my College of Osteopathic Medicine to obtain if needed my transcripts, quartile, rank in class and Grade Point Average; as well as, in the future to verify my good standing for the 4th year of medical school.

In addition I give consent to my College of Osteopathic Medicine to release the above information to the Colorado Springs Osteopathic Foundation.

Furthermore, I also acknowledge and agree to abide by the Foundation's Withdrawal/Leave of Absence Policy if I should withdraw or take a leave of absence from medical school.

The undersigned warrants that he/she has reached the age of legal majority according to the state of Colorado.

_____ _____

Scholarship Applicant's Signature Date