



## COLORADO SPRINGS OSTEOPATHIC FOUNDATION

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

2025-2026 Application – Due no later than January 23, 2026

Applicant's 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 3 of 4)

Applicant's Name: \_\_\_\_\_

Please include the following with your application.

- \_\_\_\_\_ Ensure your name is included **on all pages of your application** including the additional pages such as list of clubs and organizations, essay, CV, etc.
- \_\_\_\_\_ 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, and the amount of time spent on each (applicant provides).
- \_\_\_\_\_ Curriculum vitae
- \_\_\_\_\_ 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 23, 2026 to the Colorado Springs Osteopathic Foundation by email to: [EDCEO@cssof.org](mailto:EDCEO@cssof.org).

For questions or additional information, please contact the Foundation at:

Email: [EDCEO@cssof.org](mailto:EDCEO@cssof.org)

PHONE: 719.635.9057