



**Applicant Name** \_\_\_\_\_

**Continuing Education Plans**

State your plans for enrollment or continued enrollment in an accredited medical school, college or university

\_\_\_\_\_  
\_\_\_\_\_

Have you been granted scholarship aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, **list each with amount** \_\_\_\_\_

\_\_\_\_\_

What are your plans upon completion of your medical degree? Do you plan to return to Miami County?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check One:** Two-Parent Household \_\_\_\_\_ Single Parent Household \_\_\_\_\_ Self-Supporting \_\_\_\_\_

**Income Level:** Include Both Father & Mother's Income, for Self-Supporting Applicant include spouse if married

\_\_\_\_\_ Below \$20,000          \_\_\_\_\_ \$20,000-49,999          \_\_\_\_\_ \$50,000-79,999  
\_\_\_\_\_ \$80,000-109,999          \_\_\_\_\_ \$110,000-140,000          \_\_\_\_\_ Above or greater than \$140,000

Father's/Spouse's/Self **Employer** (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Mother's/Spouse's/Self **Employer** (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Number of Siblings or Children (circle one) \_\_\_\_\_ Ages \_\_\_\_\_

Number of Siblings or Children in College \_\_\_\_\_ Name of College(s) \_\_\_\_\_

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified.

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Mother/Stepmother)  
if applicable

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Father/Stepfather)  
if applicable

Please return this two page completed application and any attachments (make certain your name appears on all pages) to:  
**Miami County Foundation, 317 N. Wayne St., P.O. Box 1526, Piqua, OH 45356-1526 or fax 937-773-9012.**

**Must be postmarked no later than November 1 of the current year.** No application will be accepted via email.