Program Information

The Dr. Beaumont S. Cornell Scholarship was established to assist IPFW students who are planning to become medical doctors.

The Cornell Scholarship selection committee will select the recipients based on merit, recommendations and essay. Renewal recipients will be selected based on cumulative GPA. Financial need will be considered in making the awards, but is not required to receive the scholarship.

Scholarships can range up to $10,000 annually and are renewable. To renew the scholarship, recipients must re-apply each year.

Cornell Scholarship recipients must enroll full time (minimum 12 credit hours) Fall and Spring semesters.

This scholarship may not be used toward Summer sessions at IPFW.

Eligibility Requirements

Continuing IPFW Students – New and renewal

- Must be a graduate of an Adams County, IN, Allen County, IN or a Huntington County, IN high school
- Must enroll in a major that will prepare them to become a medical doctor
- Must enroll full time (12 credit hours per semester or more)
- Must have a minimum cumulative grade point average (GPA):
  - 24 - 59 credit hours: 3.2 GPA
  - 60 - 89 credit hours: 3.3 GPA
  - 90+ credit hours: 3.4 GPA

Instructions

Complete the form on the back side of this form and return to the IPFW Financial Aid Office, Kettler Hall 102 at the address above.

All applicants are asked to complete the 2017-2018 Free Application for Federal Student Aid (FAFSA) and submit by April 11, 2017.
**Student Information**

Complete the form below in ink. Please **do not** use pencil.

Student Name ___________________________________  Student ID 900 ___________________________________

Date of Birth _____/_____/______  Daytime Phone (_____) ____________________________

Major __________________________________________  Cumulative GPA ___________________________

Intended Career __________________________________

High School Attended ______________________________

Graduation Date _____/_____/______  Date Applied for Admission to IPFW: _____/_____/_____

Date you completed and submitted your 2017-2018 FAFSA _____/_____/______

Current Class Standing:

☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior

**Required Documents**

Use the checklist below to attach the required documents. **Incomplete applications will not be accepted.**

☐ Write an essay, one page or less, on why you plan to become a medical doctor and what talents and experiences led you to this career choice. What volunteer or service work have you done which has contributed to your career choice?

☐ Attach a signed letter of recommendation from a current IPFW science professor which addresses your science aptitude and your intention to become a medical doctor.

**Student Certification**

I certify that the information reported on this form is true and correct to the best of my knowledge. I further authorize the Financial Aid Office (FAO) to release, as it deems appropriate, information regarding my academic program (including grades) and my financial aid status (including the amount of any award) to the university departments, agencies, institutions, and others involved in providing for my education. I also authorize IPFW FAO to release information such as my name, major, and name of scholarship(s) to local media including dollar amounts at the discretion of the FAO.

_______________________________________________  _____/_____/______

Student Signature  Date