The West Virginia School of Osteopathic Medicine (WVSOM) will have scholarship funding provided through a grant from Health Resources & Services Administration (HRSA) for five or six full time students from each class who meet the federal criteria as being from a disadvantaged background and demonstrating exceptional financial need. WVSOM will select qualified students and administer objectives for recipients which include group activities, peer mentoring, and faculty advising.

As specified by the funding agency, the award will pay at least one half of the established WVSOM annual cost of tuition up to a maximum of $30,000 per year, per student for reasonable educational and living expenses. Federal guidelines are used to formulate these budgets. Both in-state and out-of-state students will receive awards.

Scholarships are granted on a year-to-year basis, with the possibility of continued support if a) WVSOM receives continued federal funding for this program, and b) the student fulfills requirements for continuation, including participation in program activities designed to enhance retention.

For students accepted for admission to WVSOM and seeking scholarships for 2020-2021, the deadline is 11:59 p.m. on Friday, February 14, 2020.

For students applying for admission to WVSOM’s Class of 2024, the scholarship application will be available on the Admissions web page. For said applicants, in addition to participating in program activities as outlined below, scholarships are contingent on receipt of additional federal funding, which is granted on a year-by-year basis.

Parental information must be added to the Free Application for Federal Student Aid (FAFSA) immediately to be considered for this scholarship. You must submit page 1 of your federal tax return and parents if under the age of 24 to the WVSOM Office of Financial Aid.
HRSA Scholarship Application 2020-2021

PLEASE PRINT:

Full Name: _________________________________________________

Permanent Address: ________________________________________________

Mailing Address: ________________________________________________

WVSOM E-mail Address: _____________________________________________

Contact Telephone
Home Number: ______________________________________________________
Cell Number: ______________________________________________________

Residency status: ___ West Virginia resident ______ Non Resident

Academic Status: ______ Year 1 ______ Year 2 ______ Year 3 ______ Year 4
(2020-21) ______ Applicant, not yet admitted

1. As specified by the funding agency, scholarships can be granted only to students who meet at least one of the following criteria (check all which you believe apply to you and which you want to have considered for this award).

____ I graduated from a high school in a medically underserved community as designated by HRSA (https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx). Please list county and state: __________________________________________

____ I was the first person in my immediate family to attend college

____ My family received government assistance as I was growing up (WIC, SSI, Food Stamps, etc.)

____ My family currently receives government assistance (WIC, SSI, Food Stamps, etc.)

____ I grew up in an environment “at-risk” for homelessness as defined by HRSA (Per Section 330(h)(5)(A), the term “homeless individual” means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose
primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.”
An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

In 50 words or less, explain your answers above: (Please type and attach or print below)

2. Preference will be given to students for whom the cost of attendance represents a severe financial hardship. How will the cost of education at WVSOM constitute a severe financial hardship for you? (500 words maximum)
(Please type and attach to this application)

3. In making this application, I commit to the following:
   1) I agree that the selection committee has permission to review my entire WVSOM record, including my admissions file;
   2) I understand that the scholarship may be withdrawn in case of violations of the student honor code or other disciplinary action;
   3) I agree to participate in required program activities designed to increase academic success, both for myself and for other students in the program:
      a) All required Orientation programs.
      b) Year 1 students: Expected hours of participation throughout the academic year is approximately 45 hours, which includes program orientation, process groups, workshops, and meetings with faculty advisors. Students will also be required to meet with ASPIRE’s learning specialists as needed;
      c) Year 2 students: Expected hours of participation throughout the academic year is approximately 30 hours, which includes mentoring 1st year students, process groups, meetings with faculty advisors, learning specialists, and the Office of National Boards;
      d) Year 3 students: Required to participate in at least two admissions recruitment one day events. They will also be required to read How to Study for Standardized Tests and attend workshops and meetings by the Office of National Boards/ASPIRE as needed (at least two hours required). Will continue to be in contact with faculty advisor;
      e) Year 4 students: Expected hours of participation will vary. Students will be required to participate in a Skype conversation with 1st and 2nd year students of the program. Students will continue to be in contact with ASPIRE and faculty advisor as needed;
      f) As an alumnus, I agree to mentor students in this program;
4) I understand that funding is contingent upon WVSOM receiving federal funds for this scholarship program. Funding is on a year-by-year basis, with the possibility of continued funding for a maximum of four years of enrollment; and

5) I understand that the program may be modified as quality improvement efforts indicate and I will notified of such.

Signature ___________________________ Date ____________

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RETURN COMPLETED APPLICATION (hard copy with signature) TO:
Office of Financial Aid
ATTN: HRSA Scholarship
West Virginia School of Osteopathic Medicine
400 Lee Street North
Lewisburg, WV 24901