



MEMORIAL HOSPITAL BELLEVILLE, ILLINOIS MEDICAL STUDENT GRANT PROGRAM

Program Goal

The goal of the Memorial Hospital Medical Student Grant Program is to increase the number of physicians practicing in St. Clair County, Illinois. The program targets students pursuing a medical degree in primary care, orthopedics and cardiology.

Eligibility Requirements

To be eligible to apply for a grant, a student must be accepted or enrolled in good standing in an allopathic or osteopathic medical school. Students waiting for confirmation of acceptance to medical school also may apply. Only students pursuing one of the designated specialties are eligible for grant funds.

Grants for tuition, fees and living expenses are available to a limited number of eligible medical students. Grant recipients repay the awards by practicing medicine in the Belleville, Illinois area or a mutually agreed upon within Memorial Hospital's extended service area.

Grant Application Process

Grant applications are available in the Medical Director's Office at Memorial Hospital or may be obtained via the web at www.memhosp.com/medgrant.html. Memorial Hospital's Medical Director, along with a designated committee will interview applicants as part of the selection process. Announcement of the grant recipients is scheduled for October. Grant monies may be used toward tuition, fees and living expenses in the amount of \$1,000 a month for the first 12 months. In successive years, grant amounts can be increased incrementally not to exceed \$1,500 per month in the fourth year. Grant awards are paid directly to the student.

Program Obligations

Grant recipients will enter into a contract with Memorial Hospital to meet conditions of the grant. Failure to meet the terms of the contract will require the recipient to reimburse Memorial Hospital the total amount of the grant over the same time period that financial assistance was provided. Within 30 days after completing residency training, the grant recipient agrees to establish an office-based practice in St. Clair County, Illinois. Fellowships in a primary care field, generally one year in length after residency, are allowable with prior approval from Memorial Hospital. Time spent in residency or fellowship does not count towards the service obligation. The recipient must practice on a full-time basis, one year for each year grant funds were received. Physicians will be in private practice and not employees of Memorial Hospital. For evaluation and approval of practice locations, a grant recipient must contact Memorial Hospital prior to entering into a formal agreement with an individual or facility. Practice locations will be approved up to 18 months prior to initiating the service repayment.

Practice Location Details

If an applicant desires to practice in a particular city or county outside of St. Clair County, serious consideration should be given to the importance of this preference before applying for this grant. Selecting a suitable practice location to fulfill an obligation is the responsibility of the grant recipient. Memorial Hospital staff will provide support for a list of area opportunities to the recipient. Included on the list will be the names of local health professionals or other individuals who may be able to answer questions regarding specific areas.

MEMORIAL HOSPITAL - BELLEVILLE, ILLINOIS
MEDICAL STUDENT GRANT PROGRAM APPLICATION

DEMOGRAPHIC INFORMATION

Applicant's Name _____
(Last) (First) (M .I.)

Mailing Address _____
(Street Address)

(City) (State) (ZIP Code)

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____ Date of Birth _____

Have you applied for the Memorial Medical Student Grant before? Yes _____ No _____

If yes, in which year(s) did you apply? _____

Are you receiving other education grants/assistance? Yes _____ No _____

If yes, how much and from whom? _____

Are you a U.S. citizen? Yes _____ No _____ If no, do you have a current educational Visa? Yes _____ No _____

When do you anticipate graduating from medical school? _____
(Month) (Year)

Do you have any commitments that would affect your ability to practice in St. Clair County, Illinois following residency training?

Yes _____ No _____ If yes, explain: _____

If you are married, does your spouse have any commitments that would affect your ability to practice in St. Clair County, Illinois following residency training? Yes _____ No _____ If yes, explain: _____

In what other states have you lived and for how long? (*list most recent first*)

(State) (Date) (State) (Date) (State) (Date)

In what city and state did you graduate from high school? _____
(City) (State)

From what university did you receive your undergraduate degree? _____

Indicate first and second medical specialty preference:

Primary Care _____ Orthopedic Surgery _____ Cardiology _____ Undecided _____

CERTIFICATION AND AUTHORIZATION

I certify that I am not presently in default on payments for any previously received state or federal loan funds. I also hereby certify the information submitted in this application is a true record. I give permission to Memorial to contact third parties to Memorial, information which relates to the determination of this application.

Signature _____ Date _____

APPLICANT'S AUTOBIOGRAPHICAL PROFILE

In narrative format, please provide the information requested below. Address each item individually and limit your responses to **one typed page per question**.

1. Describe your career goals, including the type of practice you want.
2. Describe any experience that significantly influences your choice of medical specialty.
3. Describe any experience you have had with medically underserved populations.
-Include experiences you initiated, as well as experiences requested by your school.
4. Describe any special circumstances affecting your financial status

To be considered complete, applications **must include the following**:

1. Application form
2. Student autobiographical profile
3. Two of the following:
 - a. For students entering first year - a copy of your AMCAS Application; a copy of the AACOMAS Applicant Profile for osteopathic students
 - b. An acceptance letter and proof of enrollment
 - c. For all other medical students - transcript or verification from the college of student's grade point average
4. Two letters of reference; preferably from a professor or previous employers.

Applicants will be notified when the completed application is received.

If you have any questions, please contact your school's financial aid officer first. Further questions may be directed to the Medical Student Grant Program at 618-257-6154.

Return completed application to:

MEMORIAL HOSPITAL

Medical Student Grant Program

ATTN: Physician Recruiter

4550 Memorial Drive, Suite 330

Belleville, Illinois 62226