



## 2019-2020 STATE OF KANSAS OSTEOPATHIC MEDICAL SERVICE SCHOLARSHIP

### *Student Information Guide*

#### **Eligibility Requirements**

- Be a Kansas resident.
- Be committed to providing primary medical care in an underserved area in Kansas.
- Demonstrate financial aid eligibility as measured by the federal formula.

Primary Care Medicine includes general internal medicine, pediatrics, family medicine, family practice, obstetrics and gynecology, geriatric medicine or emergency medicine

Underserved areas are designated as any Kansas county except: Douglas, Johnson, Sedgwick, Shawnee and Wyandotte

#### **Financial Information**

- Scholarship award not to exceed \$25,000 per year depending upon state appropriations
- Up to four years of funding per student
- A maximum of 32 Kansans may be funded each year if funds permit

#### **Procedures**

- Complete and submit both this application and statement of purpose to the Kansas Board of Regents.
- Submit a copy of your completed 2017 federal income tax return to the Kansas Board of Regents.
- Complete the Free Application for Federal Student Aid (FAFSA) online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). When you receive your Student Aid Report (SAR), submit a signed copy with this application to the Kansas Board of Regents.
- Be admitted to an accredited school of osteopathy in the United States.

#### **Timelines**

- Priority deadline for submitting the FAFSA for processing is April 1, 2019
- Priority deadline for submitting this application is May 1, 2019
- Notification to recipients is approximately July 2019

For more information contact your pre-med advisor, the Kansas Board of Regents, or the Kansas Association of Osteopathic

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KS Osteopathic Medical Service Scholarship  
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# KANSAS OSTEOPATHIC MEDICAL SERVICE SCHOLARSHIP

## A Program Designed To Improve **PRIMARY MEDICAL CARE** in **KANSAS**

### **DESCRIPTION OF PROGRAM**

In 1975 the State of Kansas enacted Legislation, and amended it in 2001, providing the Kansas Board of Regents with the authority to grant scholarships to individuals pursuing a medical career in osteopathy. The Osteopathic Medical Service Scholarship provides an annual award not to exceed \$25,000 for 2019-2020 and is limited to 4 years of funding or until the degree is conferred, whichever occurs first.

### **PURPOSE OF PROGRAM**

The program is designed to encourage doctors to practice **primary care medicine** in areas of Kansas where there is an insufficiency of medical care providers.

### **PROGRAM RESTRICTIONS**

1. Osteopathic Medical Service Scholarships are awarded only to students who are residents of Kansas. Students may attend any accredited osteopathic school in the United States.
2. Applicants must agree to practice **primary care medicine**, which is defined as **general internal medicine, pediatrics, family medicine, family practice, obstetrics and gynecology, geriatric medicine or emergency medicine**. The practice must be fulfilled in a **medically underserved area** which is any county in Kansas **except** Douglas, Johnson, Sedgwick, Shawnee, or Wyandotte. Practice must begin within six months after licensure or within six months after completion of an approved postgraduate residency training program and licensure, whichever is later.

### **SELECTION PROCEDURE**

The criterion to be used by the Kansas Board of Regents in selecting recipients includes Kansas resident status, financial need as measured by the federal formula defined in U.S. Public Law 102-325 and the likelihood of primary care medical practice in an underserved area of Kansas. In making this selection, emphasis will be placed upon the applicant's statement outlining his/her past and present commitment to medical care or employment in Kansas including volunteer or paid health care efforts.

### **PROMISSORY NOTE**

Each award recipient must sign an agreement and promissory note, which includes the promise to repay the Kansas Board of Regents the cumulative award amount plus accrued interest from the date such money was received at a rate which is equivalent to the interest rate applicable to loans made under the federal PLUS program at the time such person first entered into an agreement plus five percentage points and any collection costs in the event service is not rendered.

### **OBLIGATION**

Each recipient can discharge fully his/her obligation to the Kansas Board of Regents by practicing primary care medicine full time or half time in Kansas excluding Douglas, Johnson, Sedgwick, Shawnee and Wyandotte counties or through at least half-time employment at a state medical care facility or institution. Each year of scholarship support obligates the recipient to one year of service.

### **APPLICATION PROCEDURE**

FOR PRIORITY CONSIDERATION, THE FOLLOWING DOCUMENTS MUST BE RECEIVED IN THE OFFICE OF THE KANSAS BOARD OF REGENTS BY MAY 1, 2019.

1. The 2019-2020 Kansas Osteopathic Medical Service Scholarship application.
2. Your statement of purpose, which is to be a one-page typed statement outlining your understanding of the purpose of the Osteopathic Medical Service Scholarship and your commitment to practice primary care medicine in an area of the state, designated as medically underserved.
3. A signed copy of your Student Aid Report (SAR). You will receive a SAR by completing the Free Application for Federal Student Aid (FAFSA) on line at [www.fafsa.gov](http://www.fafsa.gov). You are advised to submit your completed FAFSA by April 1, 2019.
4. A *copy* of your completed 2017 federal income tax return. You may have to provide your parent's or your spouse's return; you will be notified if this is necessary.



# KANSAS OSTEOPATHIC MEDICAL SERVICE SCHOLARSHIP

## 2019-2020 APPLICATION

Kansas Board of Regents  
Osteopathic Medical Service Scholarship  
1000 SW Jackson St, Suite 520  
Topeka, KS 66612-1368

### PERSONAL

Full Name:

\_\_\_\_\_  
Last Name First Name Middle Initial Maiden Name

Address:

\_\_\_\_\_  
Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Phone No. (\_\_\_\_\_) \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

### RESIDENCY

When did your physical presence in Kansas begin? From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

If you have ever lived outside of Kansas indicate where and when?

\_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Relationship: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

How long has parent/guardian lived in Kansas? \_\_\_\_\_ Years \_\_\_\_\_ Months

## EDUCATION

HIGH SCHOOL Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

UNDERGRADUATE Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
COLLEGE Address: \_\_\_\_\_ Did you pay resident tuition?  
City, State, Zip: \_\_\_\_\_ Yes \_\_\_\_\_ No

OSTEOPATHIC Name: \_\_\_\_\_  
COLLEGE

ATTENDING: City, State: \_\_\_\_\_

2019-2020 Educational Level In Osteo School: \_\_\_\_\_ 1st Year \_\_\_\_\_ 2nd Year \_\_\_\_\_ 3rd Year \_\_\_\_\_ 4th Year

Month and Year you anticipate you will begin your practice in Kansas \_\_\_\_\_

## EMPLOYMENT

PRESENT Company Name: \_\_\_\_\_  
EMPLOYMENT Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Position: \_\_\_\_\_

PREVIOUS Company Name: \_\_\_\_\_  
EMPLOYMENT Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Position: \_\_\_\_\_

## COMMITMENT

I hereby attest that I am a bona fide resident of the State of Kansas and agree that if I am selected as a scholarship and loan recipient for the study of osteopathic medicine, I will engage in full-time primary care practice which includes general internal medicine, pediatrics, family medicine, family practice, obstetrics and gynecology, or emergency medicine in a designated medically underserved area in Kansas within six months of completion of my internship or residency training program for the period of time required by the contract. I further agree to a full investigation of my eligibility, including inquiries of business and professional persons and a release of my academic and financial records if necessary in support of this application. I certify that to the best of my knowledge the information contained in this application is correct. I understand that false or incorrect information may subject the application to be eliminated from consideration for the scholarship.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_