

## PETER V. WESTHAYSEN MEDICAL EDUCATION TRUST SCHOLARSHIP FUND

### Part "A"

#### Application Instructions

Please complete the attached application to apply for the Peter V. Westhaysen Medical Education Scholarship and submit it by **June 15th**. Applications may be submitted via mail, fax or email.

Peter V. Westhaysen Medical Education Trust  
First Midwest Bank - Wealth Management  
Attn: Jessica M. Peyton  
10322 Indianapolis Blvd.  
Highland, IN 46322  
Ph. (219)853-3535  
Fax: (219-853-3530  
jessica.peyton@firstmidwest.com

Scholarships are available for post-secondary undergraduate, graduate and post-graduate students pursuing a medical, pre-medical, nursing and/or pre-nursing program at accredited universities. The purpose of the scholarship is to assist the student with the costs of tuition, fees, books, and transportation.

The Trustee and Trust Advisory Committee consider two basic criteria: academic achievement and financial need.

#### Requirements:

- Must be a permanent resident of the Lake County Indiana.
- Enrolled in full-time program for training as either a nurse or a medical doctor.  
(Please note that pre-med and pre-nursing students are also eligible for this award).
- Must show outstanding scholastic ability.
- Demonstrate financial need.
- Applicant Statement – attach a statement, **one page or less**, and include why you feel you should receive this award, what has inspired you to seek a career in the medical field, and what you plan to do with your medical education. Please also include any relevant special or extenuating circumstances in your statement.
- The following supporting data must be submitted with the application:
  - Certified transcripts** of college, graduate school and medical school grades.
  - Copy of most recent federal income tax return or parents' if claimed as a dependent.
  - Copy of most recent FAFSA.
  - Part B of the application must be completed and submitted by your school's financial aid office.

**\*\*\*YOU MUST INCLUDE CERTIFIED TRANSCRIPTS FOR ALL COURSE WORK\*\*\***

**PETER V. WESTHAYSEN MEDICAL EDUCATION SCHOLARSHIP FUND APPLICATION**

**Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address:

School Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Have you ever been suspended from a college or university? Yes \_\_\_ No \_\_\_ If yes, please explain on a separate sheet.

High School Name \_\_\_\_\_

Location \_\_\_\_\_ Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_

Please provide the following information about your undergraduate college or university.

School Name: \_\_\_\_\_

Major field(s) of study: \_\_\_\_\_

Degree(s) Sought/Received: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Class rank or GPA: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

Please provide similar information about any graduate level studies.

School Name: \_\_\_\_\_

Major field(s) of study: \_\_\_\_\_

Degree(s) Sought/Received: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Class rank or GPA: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

Please provide your medical school information. Enclose **certified transcript or acceptance letter**.

School Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Class rank or GPA: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

Enrolled Full Time \_\_\_\_\_

Enrolled Part Time \_\_\_\_\_

Please list any outstanding educational loans and their approximate balances:

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

Please list the sources and amounts of financial assistance which you will be receiving (from all sources, including those from spouse, parents or legal guardian). If you have not received confirmation, list source, amount applied for and the anticipated date of determination.

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

Are you currently employed or do you work summers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list place of employment and position:

Have you ever applied for a Peter V. Westhaysen Scholarship previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when \_\_\_\_\_

Have you ever received a Peter V. Westhaysen Scholarship previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when \_\_\_\_\_

Parents or guardian employment and estimated income:

Parent 1

Parent 2

Employer/Position: \_\_\_\_\_

Income: \_\_\_\_\_

# Of Siblings \_\_\_\_\_ # of Siblings under the age of 21 \_\_\_\_\_

Are you married? Yes \_\_\_ No \_\_\_ How many children? \_\_\_\_\_

**IMPORTANT: PLEASE READ THE STATEMENT BELOW AND SIGN THE APPLICATION**

I affirm that the information submitted as a part of, and in support of, Part "A" of this application is complete and correct. I agree to report any changes in this information to the Trustee. I understand that if any person knowingly makes a false statement or misrepresentation in this application or in any information submitted in support of this application, any financial assistance awarded shall be subject to cancellation, and I will be liable for repayment of financial assistance received or paid for my benefit. I agree that if I am selected to receive financial assistance, I will sign the Trustee's acceptance of scholarship form and will faithfully abide by all the terms and provisions thereof. I hereby affirm that I have been provided with a copy of the Trustee's current Policy Statement regarding financial assistance from the Trust, and that I fully understand same, including, but not limited to, the terms and conditions of financial assistance awards and the Trustee's right to supervise and conduct investigations regarding same.

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Signature

Today's Date

I am eligible to receive scholarship funds (ineligible person: shareholders, directors, officers, employees and affiliates of First Midwest Bank and their relatives, and members of the Trust Advisory Committee and their affiliates and relatives are not eligible for any financial assistance or any other benefits from the Trust).

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Signature

Today's Date

Part "B"

SCHOOL RECOMMENDATION FORM
PETER V. WESTHAYSEN MEDICAL EDUCATION TRUST
Application Deadline: June 15th

PART I: TO BE COMPLETED BY THE STUDENT:

I hereby authorize the Financial Aid Office at \_\_\_\_\_ to release to the Trustees of the Peter V. Westhaysen Medical Education Trust all information requested on this form for the upcoming Academic Year.

Student's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Student ID # \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

PART II: TO BE COMPLETED BY THE COLLEGE/UNIVERSITY FINANCIAL AID OFFICE

- 1. Is the student admitted to or enrolled in a Medical or Nursing degree program? YES NO
2. Is the student a prior Westhaysen Scholarship recipient? YES NO If Yes, what year(s)
3. The student's estimated costs for the items below are as follows:
Tuition and Fees: \$
Books: \$
Transportation: \$
Room and Board \$

Are these figures based on \_\_\_\_\_ full-time or \_\_\_\_\_ part-time enrollment? (Check one)

4. Has the student applied for need-based financial aid for the upcoming Academic Year? YES NO
If NO, sign and return this form to the Trustee without further action.

5. What is the documented financial need for the student using the formula below? \$\_\_\_\_\_

Cost of attendance for year - EFC - other resources -scholarships, etc. (exclude loans) = Financial Need

6. Will the student receive any gift aid designated for tuition and fees only? (Check one) YES NO
(E.g. grants, scholarships, remissions, other resources, etc.)

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_

7. Provide information regarding any extenuating circumstances in the space below.

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

Signature of Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_

College/University: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Return this Scholarship Recommendation Form by June 1st to:
Peter V. Westhaysen Medical Education Trust
First Midwest Bank - Wealth Management
10322 Indianapolis Blvd.
Highland, IN 46322
Ph: (219) 853-3535 Fax: (219) 853-3530
Email: jessica.peyton@firstmidwest.com