

Jean and Bill Markel Medical Scholarship Application

The Jean and Bill Markel Medical Scholarship was established in honor of Dr. Markel and his wife Jean.

Eligibility: This scholarship will give assistance to someone studying in one of the following categories:

- Post graduate training for a medical student studying pediatrics or family practice
- Post graduate training for a student studying to be a Physician's Assistant
- 3rd or 4th year Nursing student that is focusing on Clinical Nursing

Applicant must have attended high school in Broomfield or resided in Broomfield during high school years.

The completed application and supporting materials are to be submitted by Friday, April 23, 2021 to:

**Broomfield Community Foundation
P. O. Box 2040
Broomfield, CO 80038-2040**

(Or electronically) to scholarships@broomfieldfoundation.org

Applications will be reviewed by a committee with members from the Broomfield Community Foundation and representatives from Broomfield medical practices. Personal interviews, for those that pass the initial application review screening, may be included in the selection process. Written or electronic notification of the Selection Committee's decision will be mailed to applicants by the middle of May.

This scholarship payment will be sent directly to the selected college/university/higher learning institution for application to the student's account for use only at the learning institution for tuition purposes. The amount shall not exceed **\$5,000** for an academic year. Should the student not attend or withdraw from school, unused funds must be returned to the Broomfield Community Foundation and the Jean and Bill Markel Medical Scholarship Fund. This scholarship is renewable for the number of years included in the selected student's course of training as long as the focus of study includes those in the list above. Should the focus change from any of the three mentioned areas, the scholarship will be terminated.

Broomfield Community Foundation—Anti Discrimination Policy

In all actions, affairs, and course of conduct, neither the Board of Directors, employees, agents nor the Broomfield Community Foundation shall unlawfully discriminate against any person based on race, religion, gender, age, ethnic origin, physical capabilities, sexual orientation, or other unlawful reasons in violation of federal law, Colorado Law, or both.

Note: Application must be completed legibly. Computer reproduction of application is acceptable. Be sure to sign the application on Page 4.

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Please complete and submit to the Broomfield Community Foundation by April 23, 2021.

Biographical Information

Name _____ Birth date _____

Address

Telephone (____) _____ Email _____

Which high school in Broomfield did you attend or Broomfield address during high school?

_____ Undergraduate School Name (if Nursing, School name from years 1 and 2)

Advisor Name _____ Phone No. _____

Advisor Email _____

Date of undergraduate degree, if applicable _____

Are you currently employed? _____ If so, how many hours per week? _____

What types of paid employment have you had? _____

Occupation of father _____

Occupation of mother _____

Occupation of guardian (if applicable) _____

Explain means of financing your education _____



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Academic Information*

**You must attach a copy of certified evidence of acceptance to the school that you are or will be attending.*

Please check the appropriate category:

- Post graduate training for a medical student studying pediatrics or family practice
- Post graduate training for a student studying to be a Physician's Assistant
- 3rd or 4th year nursing student that is focusing on Clinical Nursing

What are your career goals and why? _____

List organizations and activities you are most proud to have been involved in, positions of responsibility and your direct activities:

Organization	Positions Held	Years	Activities

List awards/honors attained, if relevant:

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List community service activities you are involved in, positions of responsibility and your direct activities:

Organization	Position Held	Years	Activities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Letter of Recommendation

Please attach a letter of recommendation from someone, unrelated to you, who have knowledge of your interested field of study.

Required Essay

Please submit a typed essay (maximum one page) explaining how you envision yourself in your selected field of study and your experiences that have prepared you for such a role in life.

Signature of Applicant

Date