



## **Robert K. Snider, M.D. Medical Scholarship**

### **Eligibility to Apply**

1. Students must be entering at minimum their second semester sophomore year of a medical school.
2. Students must show proof of enrollment in Medical School or in an orthopedic or family practice residency.
3. Students must have graduated from a Montana High School

### **How to Apply**

1. Applications must be received by April 1.
2. Late or incomplete applications will not be considered.

### **Recipient Selection**

1. The Snider scholarship committee will review the applications to determine the most qualified candidates.
2. If needed, applicants may be asked to interview. Applicants are responsible for their own interview expenses. Interviews may be in person, by video-conferencing, or by teleconferencing.
3. Funds are limited. Meeting eligibility requirements does not guarantee that an applicant will receive assistance.
4. Recipients will be notified of acceptance in writing with the expected term of scholarship defined.
5. Funds will be sent directly to the University or College of enrollment
6. Scholarship awards may be considered taxable income to you per IRS regulations. You are encouraged to talk with a tax advisor to determine how any scholarship award may impact you.

### **Checklist of Application Documents**

All applicants must include:

1. \_\_\_ Application Form
2. \_\_\_ Letter of Intent (500 words or less) that answers the following:
  - a. Why you chose to go into medical school, residency in orthopedics, or family practice.
  - b. If applicable, explain why you chose to specialize and/or focus on rural patient care.
  - c. Identify strengths you will bring to the medical field.
  - d. What motivates you most?
  - e. Identify any additional skills/talents/circumstances that should be considered.
3. \_\_\_ Faculty Recommendation from a recent instructor.

## Robert K. Snider, M D Medical Scholarship

Part I: Applicant Information		
Last Name	First Name	Middle
Permanent Street Address		Apt #
City	State	Zip
Cell Phone	Home Phone	Email Address
Hometown		Social Security Number

Part II: Education			
Medical School		Address	
City	State	Zip	Expected Date of Graduation
Intended Specialty		Residency (if applicable)	
List all other colleges, universities and professional schools in reverse chronological order.			
Name of Institution	Major	Minor	Dates of Attendance

Part III: Experience		
List below the professional employment you have held starting with the most recent.		
Institution	Dates	Nature of Duties

<b>Part IV: Academic Achievements</b>		
Please list honors, grants and special projects		
<b>Volunteer Activities</b>		
Please list any special circumstances you think the committee should consider (i.e. childcare, helping family, exceptional medical expenses, etc.)		
What is your current educational debt?		\$
Do your parents or other family members assist with your education expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please fill out the section immediately below. Parental/Relative Financial Contribution		
Tuition	Room/Board	Other
\$	\$	\$

Upon completion of this application and its requirements please forward to:

**St. Vincent Healthcare Foundation**  
**Dr. Robert K. Snider Scholarship**  
**1106 N 30<sup>th</sup> St**  
**Billings, MT 59101**