NESBITT MEDICAL STUDENT FOUNDATION

Administered by
FIRST MIDWEST BANK
230 West State Street
Sycamore, IL 60178

Application available at: www.firstmidwest.com/wm_scholarships/

GENERAL INFORMATION

The Nesbitt Medical Student Foundation provides scholarship grants to medical students who are in need of financial assistance in order to continue their medical education. These funds have been provided by the trust estate of Esther Mae Nesbitt, a lifelong Sycamore resident. Ms. Nesbitt wished to assist needy medical students, especially DeKalb County residents and women, and to encourage their entry into general practice, either in DeKalb County or in any county in Illinois having a population of less than 50,000 residents. These scholarship funds are administered by First Midwest Bank, a community-focused bank in northern Illinois and the Midwest.

WHO IS ELIGIBLE?

To be eligible for a Nesbitt Medical Student Foundation scholarship, you must be a U.S. citizen, a resident of Illinois, and either accepted for enrollment or a regular full-time student in good standing already attending an approved College of Medicine. However, the terms of Miss Nesbitt’s trust specify that preference shall be given to women, persons who are or have been residents of DeKalb County, and students already attending an approved medical college in Illinois. The Foundation wishes, however, to encourage all eligible applicants to apply. No one will be discriminated against on the basis of race, religion, national origin, or other discriminatory criteria. All qualified applications will be given serious consideration.

WHAT ARE THE CRITERIA FOR AWARDS?

The need of each applicant will be determined on an individual basis as a matter of judgment by the NMSF Scholarship Committee. The Committee will base its judgment on the financial information submitted by the applicant and by such information as may be available. The financial information must clearly show the inability of the student to meet his education expenses without assistance. Academic qualifications and letters of recommendation will also be considered in evaluating scholarship applications.

HOW CAN I APPLY?  www.firstmidwest.com/wm_scholarships/

1) Applications are to be submitted for one academic year only. A student who has received a previous NMSF scholarship must submit a renewal application for each succeeding year.
2) Do not leave any items unanswered. If a particular item does not apply to you, write N/A in the blank.
3) If insufficient space is provided for an item, use a blank sheet of paper as a supplement, identifying each response by the section and item number.
4) Obtain the certification of the Dean’s Office (Section V of the application).
5) Request two letters of recommendations from persons qualified to assess your academic performance (former or present teachers).

Applications and required documentation must be postmarked no later than June 1st prior to the academic year for which aid is being requested.

Questions: Please call Scholarship Administrator at First Midwest Bank (779) 222-7004.
I. PERSONAL

1. Name ____________________________  2. Age ___  3. Birthdate ______________________

4. Permanent Address ______________________________________________________

5. County in which you reside ________________________________________________

6. If not currently, have you ever been a resident of DeKalb County Resident (when)?

7. Address while in school ____________________________________________________

8. Cell Phone ____________________________  9. Email Address ______________________

10. U.S. Citizen □ Yes □ No  11. Veteran □ Yes □ No

12. Marital Status  
□ Single □ Married □ Separated □ Divorced □ Widowed

13. Sex  □ Female □ Male

14. Last 4 digits of social security number _________________________________

15. Name of Spouse ____________________________

Address of Spouse _______________________________________________________

Employer ____________________________ Employer Phone ______________________

Employer Address _________________________________

16. Ages of Dependents ____________________________________________

II. FAMILY

1. Father’s Name ____________________________ Phone ______________________

   Address ___________________________________________________________

   Occupation ____________________________ Adjusted Gross Income ___________

2. Mother’s Name ____________________________ Phone ______________________

   Address ___________________________________________________________

   Occupation ____________________________ Adjusted Gross Income ___________
III. EDUCATIONAL

1. Upcoming Year in Medical School  
   __1st__ __2nd__ __3rd__ __4th__

2. Are you a prior Nesbitt Scholarship recipient and if yes, what year(s)?
   ____________________________

3. If you are a first year medical student, have you completed your first quarter or semester?
   __Yes__  __No__

4. Name of present school
   ____________________________

   Address
   ____________________________

5. I expect to complete my medical training on (month, year)
   ____________________________

6. Do you plan to undertake graduate medical education?  
   __Yes__  __No__

   If yes, state area of specialization
   ____________________________

7. Please tell us about your practice plans after graduation
   ____________________________

   ____________________________

   ____________________________

8. In the space provided below, describe your personal strengths and qualifications and why you feel that these qualifications will be determining factors in your medical career
   ____________________________

   ____________________________

   ____________________________

   ____________________________
IV. **FINANCIAL** (All items in Section IV refer to the Applicant)

1. Present Assets:  
   - Home Equity $________  
   - Automobile $________

2. Bank Accounts:  
   - Checking $________  
   - Savings $________
   
   Other assets:

3. Explain possible use of these assets for financing your education (if needed, attach separate sheet)

4. Make and year of car(s) you own and drive for personal use

5. Present Debts:

**EDUCATIONAL LOANS**

<table>
<thead>
<tr>
<th>Name of Bank and Type of Loan Program</th>
<th>Date Incurred</th>
<th>Unpaid Balance</th>
<th>Monthly Payments</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

**NON-EDUCATIONAL LOANS**

<table>
<thead>
<tr>
<th>Creditor’s Name, Address &amp; Purpose for Loan</th>
<th>Date Incurred</th>
<th>Date Incurred</th>
<th>Monthly Payments</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

5. Applicant’s projected estimated expenses and resources for the period this loan is to be used.
   
   Academic year for which this loan will be used: ____________________________
   
   From: ____________________________ to ____________________________
EXPENSES RESOURCES

Tuition and Fees
Books and Supplies
Food
Room or Housing
Transportation (incl. auto exp.)
Clothing
Medical/Dental
Others (Specify – attach separate sheet if needed)

Gross Earnings: School Year
Gross Earnings: School Breaks
Gross Earnings Spouse
Savings
Gifts from Family
Scholarships
Loans from Family
Other Loans

TOTAL EXPENSES
TOTAL RESOURCES

DEFICIT

6. Describe any special circumstances that should be considered in evaluating your application.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

The undersigned represents and warrants that the information contained herein is true and correct. The Nesbitt Medical Student Foundation is authorized to verify the correctness of this information and to procure any information it may require.

Date ____________________  Signature of Applicant ____________________

Nesbit Medical Student Foundation
First Midwest Bank
230 West State Street
Sycamore, IL 60178
V. SCHOOL CERTIFICATION (to be completed by applicable Medical School Official recommending scholarship)

Name and Address of School ______________________________________________________

Student's Name & Address as it appears on school records ____________________________________________

Degree Sought ____________________________________________

To the best of your knowledge, please describe the applicants' academic performance to date. ____________________________________________

Summary ranking of academic performance
☐ Excellent ☐ Good
☐ Average ☐ Unsatisfactory

General Qualifications

Full-Time Student   ☐ Yes ☐ No

Student expected to complete program ☐ Yes ☐ No

I certify that the applicant whose true signature appears on the previous page is enrolled as stated in this application and is in good standing. To the best of my knowledge, the statements in this application are accurate and fairly represent the situation of the applicant, who in my opinion qualifies for financial assistance.

Printed Name ________________________________________________

Title _______________________________________________________

Signature _________________________________________________

Date ______________________________________________________

Nesbitt Medical Student Foundation
First Midwest Bank
230 West State Street
Sycamore, IL 60178