

SCHOLARSHIP CRITERIA CHECKLIST

Please check off **ALL** of the required information you have included/completed with your submission. **Include this form** with your application, and document submission.

- Completed Application
- Printed** name and Touro ID on Committee Recommendation form
- Touro Current Unofficial Transcript
- Personal Statement of 250 – 450 words
- Completed Criteria Checklist
- Completed FAFSA for the 2023/2024 academic year. **(The Financial Aid Department will print your FAFSA. You DO NOT have to collect it)**
- All undergraduate transcripts from **ALL** previously attended schools. **(we will copy transcripts submitted to Touro from your admissions folder)**

PLEASE DO NOT SUBMIT INCOMPLETE APPLICATIONS. WE WILL RETURN ALL INCOMPLETE APPLICATIONS TO THE SENDER

Print Name

Date

Signature



The Michael Hardy, Esq and Geoffrey E. Eaton Community Advisory Board Scholarship

Introduction

Touro College of Osteopathic Medicine's (TouroCOM) mission to recruit qualified underrepresented candidates for medical school is intensified by the overwhelming healthcare challenges and health disparities in communities around this country. The Michael Hardy, Esq and Geoffrey E. Eaton Community Advisory Board Scholarship provides financial assistance to students at TouroCOM to enable them to pursue their academic and professional goals. The Scholarship was established by the Community Advisory Board of TouroCOM and Touro University System to recognize outstanding potential in those students who come from communities underrepresented in the medical field.

The Michael Hardy, Esq and Geoffrey E. Eaton Community Advisory Board Scholarship is named in honor of two founding members of the Touro College of Osteopathic Medicine's (TouroCOM) Community Advisory Board in Harlem, NYC. Collectively, they dedicated their life's work to supporting communities that are traditionally underserved through their leadership on civil rights, equity and social justice. The naming of this scholarship recognizes their commitment to, in collaboration with TouroCOM, belonging and diversity in the health care work force.

This scholarship strives to exemplify and reflect the needs and goals of raising funds to help support these students.

Requirements

This scholarship welcomes applications from candidates from underrepresented communities in healthcare.

Applications will be reviewed by the Scholarship Committee. Students will be informed by the committee regarding the decision made on their application.

Criteria

- a. Students must be registered and fully matriculated; no part-time students may apply
- b. All students must complete an application to the Scholarship and provide an expanded personal statement of 250-450 words. U.S. citizens and permanent residents must complete a Free Application for Federal Student Aid (FAFSA).
- c. Students must show evidence of financial need. The standard award is based on the Scholarship Fund yield for the prior calendar year and the number of applicants who qualify. The award is renewable based on continuing need. Students may reapply every academic year, as needed and if the student remains in good academic standing and meets the above criteria.
- d. Continuing students must demonstrate acceptable academic standing by maintaining a 3.0 GPA. Entering students must demonstrate evidence of a GPA \geq to 3.0
- e. All undergraduate transcript (s)
- f. The filing of this application does not automatically grant any benefit through Touro University. Complete, sign and date the applications, make a copy for your files and submit the originals to:

The Eaton and Hardy Community Advisory Board Scholarship Application

Name _____

Address _____

Phone _____

Email address _____

Student ID _____ Date of Birth _____

Current Student Status _____

Year of Commencement of Studies at TouroCOM _____

Year of Anticipated Graduation _____

Personal Statement describing student's reason for applying for this scholarship, justification, and academic and career goals

Signature of Student _____

Please print name _____

Date _____

**The Eaton and Hardy Community Advisory Board Scholarship
Committee Recommendation**

Name of Student _____

Student ID number _____

Overall assessment

Committee recommendation: Approved _____ Declined _____

If approved, Grant amount and terms:

Signatures

Please print name

Signature of Committee Chairperson

Please print name

Signature of Committee Chairperson

Please print name