



**The Doctor Thomas P. and Edwina H. Devlin
Medical Scholarship Fund**

34 Pleasant Street, Stoneham, MA 02180
781-438-7828 | devlinscholarship@gmail.com

ELIGIBILITY AND POLICY

The Doctor Thomas P. and Edwina H. Devlin Medical Scholarship Fund was created in 1962 to assist worthy medical and nursing school students with financial grants which may be applied towards the cost of tuition, books, and equipment.

Applicants must be accepted at an accredited medical or nursing school. We do not accept applications from students in pre-med programs or other health-related fields. We welcome applications only from residents of Melrose, North Reading, Reading, Stoneham, Wakefield, Wilmington, Winchester, and Woburn.

The degree to which we are able to provide financial assistance varies from year to year, depending in part on the generosity of our contributors who make donations in the form of memorial gifts, general donations, or bequests. In recent years, we have awarded scholarships to between two and ten candidates annually ranging from \$100 to \$4,000.

Candidates are judged on the basis of personal character, scholastic standing and financial need. The deadline for applying is June 1. Incomplete applications will be disqualified.

Thank you for your interest in the Devlin Medical Scholarship Fund.

Josephine W. Devlin
Vice-President
Corresponding Secretary



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COMPLETION INSTRUCTIONS

Please return your completed application **no later than June 1st** to:

Josephine W. Devlin, Secretary
34 Pleasant Street
Stoneham, MA 02180

Note: Your application WILL NOT be considered if you fail to meet ALL the application requirements:

- Completed typed application form (not handwritten)
- Copies of Federal Income Tax Returns (pages 1 and 2 only)
- Essay
- 3 references
- Most recent transcript

Notifications will be mailed in mid-July.



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SCHOLARSHIP GRANT APPLICATION

(Please type)

(Please note: this form is fillable and printable in Adobe Reader, but changes cannot be saved in Reader.)

I. APPLICANT INFORMATION

1. Name of applicant: _____ DOB: _____

2. Permanent home address:

Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____

Occupation: _____

Employer: _____

Work Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____

3. High School: _____ Graduation year: _____

4. College: _____ Graduation year: _____

5. Graduate: _____ Graduation year: _____

6. College/University applicant attends/plans to attend: _____

School address: _____

City/State/Zip: _____

7. Anticipated date of graduation: _____ Degree sought: _____ FT: PT:

8. While applicant is attending school, applicant will:(check one)

Live at school: Live in self-supported residence:

Live with parents (expense free) : Live with parents (and contribute to expenses):

II. FAMILY DATA

If financially dependent upon parents: provide parents' information.

If single and living financially independently, or if married: provide information for you (and spouse).

9. Male Head of Household (check one): Father Husband Self

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Telephone: _____

Occupation: _____ Employer: _____
 Work Address: _____
 City/State/Zip: _____
 Email: _____ Telephone: _____

10. Female Head of Household (check one): Mother Wife Self
 Name: _____
 Address: _____
 City/State/Zip: _____
 Email: _____ Telephone: _____

Occupation: _____ Employer: _____
 Work Address: _____
 City/State/Zip: _____
 Email: _____ Telephone: _____

11. List information for any other dependents:

Name	Age/Grade	School	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. COST OF LIVING DATA

12. Please attach a copy of pages 1 and 2 only of your most recent Federal Income Tax Return. Students who file separately, and who are claimed as a dependent by their parents, please include copies of both your **and** your parents' return. **Please blacken out social security numbers.**

13. Enter appropriate total annual amounts as they apply to Section II.

Earned income (Father/Husband/Self): _____
 Earned income (Mother/Wife/Self): _____
 Unearned income (rent, alimony, etc.): _____
 Other assets (investments, savings): _____
 TOTAL INCOME: _____

IV. OTHER FINANCIAL DATA

14. Is your home rented? **Or owned?**

Annual mortgage/rent: _____
 If owned, estimated present value: _____
 Property taxes: _____
 Amount owed on mortgage: _____

15. Do you have any special circumstances regarding your financial situation which are not reflected in the above figures (i.e. emergencies, anticipated changes)? If so, please explain:

16. Applicant's college costs:

Tuition:	_____
Books:	_____
Room & Board:	_____
Other (itemize):	_____

TOTAL COLLEGE:	_____

17. If applicant is a dependent, list applicant's assets:

Summer or P/T earnings:	_____
Savings:	_____

18. List amount your parents (or other relatives) plan to contribute to your college costs this year:

19. List amount your parents (or other relatives) contributed last year:

20. Have you contacted the financial aid office at the school you plan to attend?

21. What other financial grants have you applied for? (Do not abbreviate):

22. What other loans have you applied for?

23. What outstanding educational loans are you currently carrying? (Include amounts)

24. What hobbies, extra-curricular activities, or non-academic professional interests have you participated in?

V. SHORT ESSAY

25. Please present a brief statement explaining why you wish to become a physician or nurse, and what you have done or plan to do to further that goal. Also indicate what aspects of health care you find to be particularly attractive or anticipate being particularly difficult for you.

Please limit your remarks to a total of 1 typed page.

VI. REFERENCES

26. List the names and addresses of those persons to whom you will deliver reference forms and return envelopes. Your references **MUST** include: at least one former/current TEACHER (preferably in a scientific field) and one former/current EMPLOYER.

NAME/ADDRESS:

- 1. _____
- 2. _____
- 3. _____

VII. CONTACT

27. Where should we contact you (mid-July) about the outcome of your application?

Address: _____
City/State/Zip: _____
Email: _____ Telephone: _____

Signature of Applicant

Signature of Parent or Guardian

Date: _____

Your signature attests to the veracity of all the information contained in this application, which shall be kept CONFIDENTIAL.



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Reference Form

PLEASE RETURN THIS TYPED FORM NO LATER THAN **JUNE 1ST TO ADDRESS ABOVE.**

(Please note: this form is fillable and printable in Adobe Reader, but changes cannot be saved in Reader.)

NAME OF APPLICANT: _____

The student named above has applied for a scholarship grant from the Doctor Thomas P. and Edwina H. Devlin Medical Scholarship Fund. This Scholarship Fund was established to assist worthy medical and nursing school students with the cost of tuition, books, and other necessary expenses related to attendance at an accredited medical or nursing school.

Your completion of this form will greatly assist us in the selection of the students most worthy to receive financial assistance from the Scholarship Fund. Your reply will be kept strictly confidential. Thank you.

1. Please specify *how long* and *in what capacity* you have known the applicant.

2. Please describe this candidate with respect to the following qualities: intelligence, personality, character, scholastic standing, leadership, willingness to accept responsibility, judgment, dependability, ethics, well-rounded interests and aptitudes, and dedication to profession.

3. Please explain what you consider to be the **STRONGEST** and the **WEAKEST** characteristics about this applicant. You may add any additional information you feel might aid the Trustees in evaluating this applicant. *(Feel free to continue your remarks on a separate sheet.)*

Signature _____

Name (Please Print) _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____