

Bushell Family Scholarship

Application Deadline – March 31 of current year

Dr. Bushell, a specialist in obstetrics and gynecology with the Fargo Clinic (now Sanford), spent thousands of hours in the unpredictable world of newborns and new mothers. Babies have their own sense of timing. They've never heard of "textbook" deliveries. And they can be pretty tough on their mothers. No one knew these truths better than Dr. Robert Bushell.



That's why Elizabeth "Libby" Bushell started the Bushell Family Charitable Fund in 1991. Libby specified that gifts from the fund were to support projects or people in the medical profession. Over the years she's used the fund to provide grants for the Children's Hospital at Meritcare, the Alzheimer's care units at Bethany and Eventide, and so much more.

She's also taken great pleasure in providing scholarships for medical students. The scholarship is renewed each year of medical school, as long as the student remains in good standing. **"My goal is to find a student who would be unable to go to school if they didn't have financial help,"** Libby says, and she enjoys it when recipients stay in touch. "I like that the process is personal. It's very satisfying and very important to me."

The following criteria must be met in order to apply:

- Individual from North Dakota or Minnesota
- Attending Medical School at University of North Dakota
- All 4 sections of the application must be completed

One scholarship in the amount of \$5,000.00 will be awarded. This award is a 4 year renewable award; student must be considered to be in good standing by the academic institution.



FM Area Foundation
Connecting people and purpose.

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I. Eligibility Requirements:

- Individual from North Dakota or Minnesota attending medical school at University of North Dakota
- Academic achievement will be important;
- Strong preference will be given to those with financial need;
- 4 year renewable award; student must be in good standing by the academic institution

II. General Information:

A. Your Name _____
 Address _____
 Telephone _____
 Email Address: _____
 High School Attended _____

B. Additional Information:

Undergraduate Studies _____
 Medical School Information

Institution: _____ Ohio State University

Overall GPA (include transcript) _____ Current Class Ranking _____

C. List the name, title, address, email address, and telephone number of an academic reference.

D. Attach a list of professional organizations, to which you belong, and any collegiate honors or awards.

III. Personal Statement: Please attach a personal statement (limit two pages) which includes each of the following points:

- Address why you want to go to medical school;
- What you hope to accomplish as a medical professional;
- Your specific financial need; and
- Other, non-medical interests

Date _____

Signature _____