

# NESBITT MEDICAL STUDENT FOUNDATION

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

Application available at: [www.firstmidwest.com/wm\\_scholarships/](http://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/](http://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.

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## SCHOLARSHIP APPLICATION

### 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 \_\_\_\_\_

**FAMILY (continued)**

3. Will your parents assist with your educational expenses?    \_\_\_ Yes    \_\_\_ No

If yes, what amount will they contribute for the period covered by this application?

\$ \_\_\_\_\_

4. Are there special circumstances that limit the amount of family assistance possible? If so, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**III. EDUCATIONAL**

1. Upcoming Year in Medical School    \_\_\_ 1<sup>st</sup>    \_\_\_ 2<sup>nd</sup>    \_\_\_ 3<sup>rd</sup>    \_\_\_ 4<sup>th</sup>

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**

Name of Bank and Type of Loan Program	Date Incurred	Unpaid Balance	Monthly Payments	Due Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL		_____		

**NON-EDUCATIONAL LOANS**

Creditor's Name, Address & Purpose for Loan	Date Incurred	Date Incurred	Monthly Payments	Due Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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	_____	Gross Earnings: School Year	_____
Books and Supplies	_____	Gross Earnings: School Breaks	_____
Food	_____	Gross Earnings Spouse	_____
Room or Housing	_____	Savings	_____
Transportation (incl. auto exp.)	_____	Gifts from Family	_____
Clothing	_____	Scholarships	_____
Medical/Dental	_____	Loans from Family	_____
Others (Specify – attach separate sheet if needed)	_____	Other Loans	_____

**TOTAL EXPENSES** \_\_\_\_\_

**TOTAL RESOURCES** \_\_\_\_\_

**DEFICIT** \_\_\_\_\_

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

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**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** \_\_\_\_\_

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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 \_\_\_\_\_

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