



NORTH DAKOTA
COMMUNITY
FOUNDATION

JOHN J. AYASH MEMORIAL SCHOLARSHIP

Background:

The John J. Ayash Memorial Scholarship Fund was established in 1977. Dr. Ayash, founder of the Minot Eye, Ear, Nose & Throat Clinic, died in January, 1976.

Eligibility Requirements:

- To financially assist second or third year North Dakota medical students on the basis of need at the University of North Dakota School of Medicine.
- Submit a transcript

Return Completed Form by April 1 to:

UND Medical School Committee, 501 N Columbia Rd, Grand Forks, ND 58202-9037

Name of student: _____

E-mail: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Parent/Guardian (1): _____

E-mail: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Parent/Guardian (2): _____

E-mail: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

High School: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Principal Name: _____ GPA: _____

Medical school attending: _____

Year attending: _____ GPA: _____

John J. Ayash Memorial Scholarship Continued

ACT Scores (American College Testing Program)

Composite: _____ English: _____ Math: _____ Reading: _____ Science: _____

SAT Scores

Composite: _____ Reading: _____ Math: _____ Writing: _____

Career goals after post-secondary education:

Empty box for career goals after post-secondary education.

Activities & special interests (work experience, honors, and other activities):

(Attach extra pages if necessary)

Large empty box for activities and special interests.

John J. Ayash Memorial Scholarship Continued

Other than financial need why do you think you should receive this scholarship:

Statement of financial need: Many scholarship awards are based on financial need. The committee choosing the recipient must rely on the information in this application in order to make a wise choice. Please include any pertinent information to help the committee make a decision, such as: amount of any financial aid you may receive from your family, government student loans, number of siblings in college, special financial situation which may affect your ability to pay for college, government grants you may be receiving and other scholarships you may have already been awarded.

Family Support: _____	Number of Siblings Attending College: _____
Government Grant: _____	Government Grant: _____
Student Loan: _____	Other Loans: _____
Scholarship: _____	Scholarship: _____
Scholarship: _____	Scholarship: _____
Other Financial Information: _____	
Other Financial Information: _____	

This form must be completed, signed and returned in order to be considered for a scholarship.
Applications not accompanied by a current transcript will not be considered.

Signature of Student: _____ **Date:** _____