Program Information

The Dr. Beaumont S. Cornell Scholarship was established to assist IPFW students who are planning to become medical doctors.

Scholarships can range up to $5,000 annually and are renewable. To renew the scholarship, recipients must re-apply each year.

The Cornell Scholarship selection committee will select the recipients based on merit, recommendations and essay. The student’s IPFW admission application will be used to review high school academic record and SAT scores.

Renewal recipients will be selected based on cumulative GPA and financial need will be considered in making the awards, but is not required to receive the scholarship.

Cornell Scholarship recipients must enroll full time (minimum 12 credit hours) Fall and Spring semesters.

This scholarship may not be used toward Summer sessions at IPFW.

Eligibility Requirements

First time students must:
- be a graduate of an Adams County, IN, Allen County, IN or a Huntington County, IN high school
- enroll in a major that will prepare them to become a medical doctor
- enroll full time (12 credit hours per semester or more)
- rank in the top 25 percent of their high school class and have SAT scores of 1870 or greater, or ACT of 28 or greater with writing or
- rank in the top 10 percent of their high school class and have SAT scores of 1650 or greater, or ACT of 24 or greater with writing.

Continuing IPFW Students

New and renewal must be enrolled full time and have the following minimum cumulative GPA for consideration:
- 24 - 59 credit hours: 3.2 GPA
- 60 - 89 credit hours: 3.3 GPA
- 90+ credit hours: 3.4 GPA

Instructions

Complete the form on the back side of this form and return to the IPFW Financial Aid Office, Kettler Hall 102 at the address above.

All applicants are asked to complete the 2013-2014 Free Application for Federal Student Aid (FAFSA) and submit by March 10, 2013.

For priority consideration, the complete Cornell Scholarship Supplemental application must be submitted to the IPFW Financial Aid Office by April 5, 2013 (or postmarked by April 5, 2013).
Student Information

Complete the form below in ink. Please do not use pencil.

Student Name _____________________________  Student ID 900 _____________________________

Date of Birth _____/_____/_______ Daytime Phone (_____) ____________________________

Intended Major ____________________________  Intended Career ___________________________

High School Attended ____________________________

Graduation Date _____/_____/_______  Date Applied for Admission to IPFW: _____/_____/_____

Date you completed and submitted your 2013-2014 FAFSA _____/_____/_______

Activity Information

List your activities at school and in the community:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Required Documents

Use the checklist below to attach the required documents. Incomplete applications will not be accepted.

☐ Write an essay, one page or less, on why you plan to become a medical doctor and what talents and experiences led you to this career choice. What volunteer or service work have you done which has contributed to your career choice?

☐ Attach a signed letter of recommendation from a high school science teacher which addresses your science aptitude and your intention to become a medical doctor.

Student Certification

I certify that the information reported on this form is true and correct to the best of my knowledge. I further authorize the Financial Aid Office (FAO) to release, as it deems appropriate, information regarding my academic program (including grades) and my financial aid status (including the amount of any award) to the university departments, agencies, institutions, and others involved in providing for my education. I also authorize IPFW FAO to release information such as my name, major, and name of scholarship(s) to local media including dollar amounts at the discretion of the FAO.

_______________________________________________  _____/_____/_______

Student Signature  Date