



# Olsen Legacy Scholarship



# Olsen Legacy Scholarship

Managed by Friends of NCMC



We are pleased to invite second year Idaho College of Osteopathic Medicine (ICOM) students to apply for the Olsen Legacy Scholarship. One \$1,000 scholarship is available. This scholarship endowment was established by Jennifer Olsen, DO in memory of her father Craig, to honor his commitment in her dream to become a physician. The Olsen Family is proud to support Idaho medical students as they prepare to serve our communities.

## Scholarship Preference

Preference in awarding this scholarship is based on the following criteria as a direct reflection of Dr. Olsen's journey.

- Idaho resident at the time of admission to ICOM.
- Idaho high school graduate from a rural community of 4,000 or less.
- Demonstrated interest in practicing in Idaho after graduation and residency.
- Non-traditional student based on:
  - Non-science undergraduate degree
  - First member of immediate family to matriculate
  - Entered ICOM at 25 years of age or older

\*\*Students who do not meet all the preferential criteria are still encouraged to apply.

## Scholarship Restriction

This is a tuition only scholarship and cannot be applied to other expenses.

## Scholarship Requirements - Deadline November 30<sup>th</sup>

- Write a personal letter and include:
  - The factors and experiences that influenced you the most when choosing a career in medicine.
  - Where you see yourself in 10 years as a practicing osteopathic physician. Please describe area of specialty, geographic area, and populations you would like to serve.
  - 1 page maximum, typewritten, 12-point font, signed by applicant.
- ICOM transcript – Please include a recent copy of your ICOM transcript.
- Applicant photo – Please include a head and shoulders photograph of yourself. By applying, you grant your permission for the photo to be included when announcing the award recipient.
- Submit the following:
  - Completed Scholarship Application form
  - Personal letter
  - ICOM transcript
  - Photo

## Submission

Packet can be submitted by email to [shellie.amundson@northcanyon.org](mailto:shellie.amundson@northcanyon.org) or by mail.

Friends of North Canyon  
Attn: Shellie  
267 North Canyon Drive  
Gooding, ID 83330

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## Application Form

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
High School Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Undergraduate College Name

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Mother's Education Level

\_\_\_\_\_  
Father's Education Level

Are you the recipient of other scholarships?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Are you a second-year student at ICOM?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

I affirm that all statements included in this scholarship packet are true, complete, and correct. I authorize the use of my photo and the investigation of all matters that North Canyon Medical Center, Inc. (NCMC) deems relevant to my application, including all statements made in this application and any attachments or supporting documents. I authorize you to request and receive such information and release NCMC from all liability that might result from making such an investigation and publication.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SUBMISSION DEADLINE – NOVEMBER 30<sup>th</sup>**