MEMORANDUM

Dear Scholarship Applicant:

Thank you for your interest in receiving an educational scholarship from the Family Medicine Foundation of West Virginia Tully Scholarship Fund. As you will note, this scholarship is limited to third or fourth year medical students who specifically plan to enter the field of Family Medicine in West Virginia on completion of their residency training.

It is our goal to award two concurrent scholarships, each in the annual amount of $6,000. As recipients of the scholarship graduate from medical school, new recipients are selected to maintain this goal. The Tully Scholarship Selection Committee meets annually in early April to review applications and select new recipients. Applications should be received by March 20, 2021 in order to be considered by the Selection Committee. Applications can be emailed, faxed or sent by US mail. Applicants may be requested to appear for personal interviews and will be given advance notice should such an interview be necessary.

The following items have been enclosed for your convenience in the application process:

- **Guidelines for Completion of the Tully Scholarship Application** – Please refer to this checklist while completing the application process.

- **Rules Governing Loans** – This document outlines in detail the requirements for receiving the Tully Scholarship.

- **Tully Fund Scholarship Application**

- **AAFP Student Membership Application**

We look forward to the receipt of your completed application. If you have any questions, please do not hesitate to contact our office at 304.733.6485 or fam.med.foundation@citynet.net.

Sincerely, 

Johnna Gaunch, Program Coordinator
Family Medicine Foundation of West Virginia
TULLY SCHOLARSHIP LOAN APPLICATION
GUIDELINES FOR COMPLETION

APPLICANT CHECKLIST

☐ Applicant must submit their completed application and required documentation by March 20, 2021.

☐ Applicant must be entering their third or fourth year of medical school in the fall of 2021 in the state of West Virginia and provide proof of such enrollment.

☐ Applicant must agree to comply with the Rules Governing Loans / Scholarships should he or she be selected as a scholarship recipient. Applicants must sign page two of the Rules and submit a signed copy.

☐ Applicant must submit a personal letter of request.

☐ Applicant must submit two recommendation letters from non-relatives.

☐ Applicant must be a student member or have applied for student membership in the West Virginia Chapter American Academy of Family Physicians.

☐ It must be understood by the applicant that financial need shall be a major determinant in awarding the scholarship.

☐ All applications must be received by March 20, 2021 in order to be considered. Please send your completed application by mail or email to:

Family Medicine Foundation of West Virginia
Tully Fund
650 Main Street
Barboursville, WV 25504

Complete applications may also be faxed or emailed to our office at 304.733.6486 or fam.med.foundation@citynet.net.
FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA
TULLY FUND SCHOLARSHIP/LOAN APPLICATION
Please Type or Print

☐ Applicant must be entering their third or fourth year of medical school in the fall of 2021 in the state of WV and provide proof of such enrollment.
☐ Applicant must agree to comply with the Rules Governing Loans/Scholarships should he or she be selected as a scholarship recipient. Applicants must sign page two of the Rules Governing Loans/Scholarships and submit a signed copy.
☐ Applicant must submit a personal letter of request. Please include any extra curriculum activities and volunteer work you do in your letter of request.
☐ Applicant must submit two recommendation letters from non-relatives.
☐ Applicant must be a student member or have applied for student membership in the AAFP.

Name ___________________________________________ Date __________________________

Medical School Attending: ☐ Marshall ☐ WVU ☐ WVSOM

In the fall I will be starting my ☐ 3rd ☐ 4th year of medical school and plan to graduate in: ___________________ (Year)

Email Address: __________________________________________

Home/Permanent Address: __________________________________________

Phone Number: __________________________

Present Mailing Address: __________________________________________

Phone Number: __________________________

Place of Birth: __________________________________________ Age: ______________

Marital Status (Optional): __________________________________________ Number of Children: ______________

Other Dependents: Spouse’s Age: ______________ Education: ______________ Employed? ☐ Yes ☐ No

Only complete this section if your parents are willing/able to assist with your expenses.

Father’s Name: __________________________________________
Age: ______________
Address: __________________________________________
Occupation: __________________________________________
Annual Taxable Income: __________________________________________

Mother’s Name: __________________________________________
Age: ______________
Address: __________________________________________
Occupation: __________________________________________
Annual Taxable Income: __________________________________________
FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA
TULLY FUND SCHOLARSHIP/LOAN APPLICATION
Please Type or Print

Your Financial Status:

Employer:________________________________________

Annual income:________________________

What savings do you have? ____________________________

What debts do you owe? _____________________________

Earnings in last calendar year: ________________________ Other income:________________________

Eligible for what veteran’s benefits? __________________

What assistance from loans/scholarships are expected aside from that applied for here? ______________________

| TABULATE BELOW A PROPOSED BUDGET FOR YOUR UPCOMING YEAR IN MEDICAL SCHOOL: |
| Income/Assets: (Best Estimates) |
| Personal Savings |
| Net Earnings During School Year |
| Net Earnings During Vacations |
| Financial Aid from Parents, Relatives, Friends, etc. |
| Loans, Gifts, or Scholarships |
| Other (Specify) |
| **Total** |

| Expenses: (Current Figures, Subject to Change) |
| Tuition and Fees |
| Books and Supplies |
| Room & Board |
| Clothing |
| Transportation |
| Recreation |
| Organizations |
| Insurance |
| Other (Specify) |
| **Total** |
FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA
TULLY FUND SCHOLARSHIP/LOAN APPLICATION

Please Type or Print

How did you expect to finance your medical education when you applied for medical school?

____________________________________________________________________________________

Is it your intention to practice medicine in the field of family practice in the state of West Virginia for a period not less than one year after the completion of residency training?

____________________________________________________________________________________

Must answer yes to be eligible for the Tully Loan/Scholarship

I have read and understand the conditions under which the loans of the Family Medicine Foundation of West Virginia/Tully Fund are granted. I hereby apply for such a loan to begin with my enrollment this fall. I agree to fulfill the conditions imposed if a loan/scholarship is granted to me.

Signed ______________________________________ Dated ________________________________

Please submit your completed application and documentation by mail or email by March 20, 2021 to:

Family Medicine Foundation of West Virginia
Tully Fund
650 Main Street
Barboursville, WV 25504

Fax: 304.733.6486  •  Email: fam.med.foundation@citynet.net
FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA
RULES GOVERNING LOANS- TULLY FUND

1. The recipient of a Family Medicine Foundation of WV/Tully loan shall be a qualified person, who will be a third or fourth year medical student and has been accepted in an accredited WV medical school. The recipient is a member or has applied for student membership in the West Virginia Chapter of the American Academy of Family Physicians. The recipient intends to practice medicine in the field of Family Medicine in the state of West Virginia for a period not less than one year after the completion of his or her intern or residency training. Upon completion of the practice of medicine in the field of Family Medicine in the state of West Virginia for the specified amount of time after completion of his or her intern or residency training, the recipient will have no obligation to repay the loan.

Note: Emergency medicine and Urgent Care Centers do not qualify for the definition of Family Medicine. A practice that is across the border in another state, treating some West Virginia patients does not qualify in meeting this requirement.

2. The recipient of a Tully loan shall be a student enrolled at a West Virginia medical school who may need and deserves financial assistance.

3. In addition to the completed application, the applicant shall submit to the Board of Directors of the Family Medicine Foundation of WV/Tully Scholarship Committee the following:
   a. A personal letter of request for a loan/scholarship.
   b. A letter of verification from the applicant’s medical school stating he/she is enrolled and in good standing.
   c. Two recommendation letters from two persons not related to the applicant.
   d. A signed copy of this document, Rules Governing Loans/Scholarships.
   e. Proof of application or membership in WVAFP.

4. The recipient of a Tully loan shall arrange for the registrar of the medical school in which he or she is enrolled to send the Family Medicine Foundation of WV/Tully Fund a report of the recipient’s progress at the conclusion of each semester.

5. It is the student’s responsibility to report any address changes to the Family Medicine Foundation of West Virginia.

6. Upon the approval of the Tully loan by the Family Medicine Foundation of WV the recipient will be required to complete and sign a Student Loan Agreement and a Demand Note to repay the loan/scholarship. **Repayment is only required if the recipient does not fulfill the scholarship terms as detailed in this document.** Upon receipt of the signed Loan Agreement and Demand Note, a check in the amount of $3,000 per semester will be made payable to the recipient.

7. Should the recipient of a Tully loan discontinue his or her studies in a School of Medicine or decide not to practice in Family Medicine prior to beginning his or her intern or residency training in Family Practice (i.e. begin another residency other than Family Practice), it will constitute a breach. Immediate notice of such discontinuance shall be given to the Family Medicine Foundation of WV. Repayment of the total amount of any Tully loan paid to any such recipient must then be commenced after the discontinuance of that training. Such repayment shall be made in accordance with the provisions of paragraph 8 of these rules.
Family Medicine Foundation of WV
Rules Governing Loans
Tully Fund
Page 2 of 2

8. Should a recipient discontinue the practice of Family Medicine in the state of West Virginia prior to fulfilling the one-year requirement, it will constitute a breach. Immediate notice of such discontinuance shall be given to the Family Medicine Foundation of WV. The recipient will then be obligated to repay the Family Medicine Foundation of WV/Tully Fund commencing within one year following such discontinuance. Such repayment shall be by automatic electronic transfer of funds in accordance with the provisions of these rules, and the principal amount to be repaid shall be determined in accordance with the following schedule:

   a. If such discontinuance of practicing in Family Medicine occurs less than one year into the recipient entering Family Practice, the amount required to be repaid shall be 100% of the total amount of any Tully loan paid to such recipient.

9. Should the recipient be required to repay in whole or in part any Tully loan paid to him or her, such repayment shall be made by automatic electronic funds transfer to the Family Medicine Tully Scholarship Forfeiture account and over a time period not exceeding ten years at an annual interest rate of 6%. It is understood that the recipient may pay the loan in full without penalty if paid before interest has accrued.

I have read, understand, and agree to the above.

Signed ____________________________ Dated ____________________________
Student Applicant

Please Print:

Name __________________________________________

Address _________________________________________

Phone __________________________________________

Email __________________________________________

Please submit this signed document with your application by March 20, 2021 to:
Family Medicine Foundation of West Virginia
Tully Fund
650 Main Street
Barboursville, WV 25504

Fax: 304.733.6486 • Email: fam.med.foundation@citynet.net
1. Student membership is FREE for medical students who are enrolled in a Liaison Committee on Medical Education (LCME) or the American Osteopathic Association's Commission on Osteopathic College Accreditation (AOA COCA) accredited medical school.

2. Membership terminates upon graduation. If you desire to maintain AAFP membership, you must reapply for resident status.

3. For students attending an international medical school, the AAFP offers a membership option tailored to meet your specific need. Please complete an international application for medical students online at www.aafp.org/intlapp.

PLEASE PRINT

*NAME:

☐ MALE ☐ FEMALE ☐ TRANSGENDER ☐ OTHER ☐ PREFER NOT TO ANSWER

FORMER NAME _______________________________ DATE OF BIRTH _____ / _____ / _____

*Mailing address _______________________________ APT #: __________________

CITY _______________________________ STATE ____________ ZIP ____________

EMAIL _______________________________

(Please note that for certain member benefits, you must provide a working email address in order to receive them.)

TWITTER HANDLE @__________

*PHONE (______) ____________________________ ☐ HOME ☐ CELL

*MEDICAL SCHOOL ___________________________ LENGTH OF PROGRAM _____ YRS

CITY _______________________________ STATE ____________ COUNTRY ____________

DEGREE _______________________________

*MEDICAL SCHOOL START DATE _____ / _____ / _____ GRADUATION DATE _____ / _____ / _____

Are you active duty military or do you have a military service obligation due to a health professions scholarship?

☐ YES ☐ NO

In signing this application, I certify that the above information is correct and complete and do hereby agree to abide by the bylaws of the American Academy of Family Physicians and the bylaws of my constituent chapter. I understand that by providing my mailing address, email address, telephone numbers, and fax number, I consent to receive communications sent by or on behalf of the AAFP and its chapters and affiliates via regular mail, email, telephone, or fax.

*SIGNATURE OF APPLICANT (required) _______________________________ DATE __________________

By submitting this application, the applicant authorizes the release of medical education information by the institution identified above to the AAFP for purposes of credential verification.

*REQUIRED