



WITHAM HEALTH SERVICES Dr. Don Boyer Medical Scholarship

Witham Health Services is honored to award a scholarship in honor of Dr. Don Boyer. Dr. Boyer was a General Surgeon at Witham Health Services for many years and also sat on the Witham Health Services Board of Trustees. This scholarship will be awarded to one (1) individual who has been accepted or enrolled into an accredited medical school in the United States for a full course of study leading to the degree of Doctor of Medicine or Doctor of Osteopathy.

The \$12,500 scholarship is renewable annually for up to four (4) years. The Foundation Scholarship Committee will be comprised of individuals from Witham Health Services as well as local civic leaders and they will review and select the scholarship winner.

Scholarship funds will be distributed to your college from the Witham Health Services Foundation. **If you are interested in applying, please read the scholarship criteria listed below, complete the application and return it to the Witham Health Services Foundation at 2705 N. Lebanon Street, Suite 115, Lebanon, IN 46052 by 3 p.m. on Friday, June 27, 2025.**

Criteria:

1. Applicant must be a citizen of the U.S. and a current or previous resident of Boone County, IN.
2. Applicant must be accepted or enrolled into an accredited college to receive a Doctor of Medicine or Doctor of Osteopathy Degree.
3. Applicant will have maintained a grade point average (GPA) for the last four years of his/her college career of at least 3.6 or its equivalent, based upon a rating of four points (4.0) for an A average or its equivalent.
4. Financial need may be a consideration.
5. **Two letters of recommendation, your official letter of acceptance from medical school and two short information summaries must accompany this application.**
6. Annual renewal of this scholarship is contingent upon continued good standing with recipients college.

Applicant Information (please print or type):

Applicant: _____
First Name Middle Name Last Name

Address: _____
Street or P.O. Box City State Zip

Telephone : () _____ Email Address: _____
Area Code

Date of Birth: _____ Name of High School: _____

Name of College: _____

Graduation Date: _____ Type of Degree: _____

Major: _____

What Medical School will you be attending: _____



**WITHAM HEALTH SERVICES
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Personal Statements**

Applicant's Name: _____

In the space provided please describe how you plan to pay for your education:

Are there any circumstances you feel warrant special attention (personal, family or financial circumstances):

Will you be receiving financial help to pay for Medical School from any of the following sources?

- | | |
|---|--|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Grants/Loans |
| <input type="checkbox"/> Spousal Income | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Scholarships | |

Recommendations: Please list two (2) non-relative references, their addresses, phone numbers and employer information and include their reference letters with your application:

Name: _____ Home Phone: _____
First Name Last Name Area Code

Address: _____
Street or P.O. Box City State Zip

Relationship: _____ Employer: _____
Company Position

Name: _____ Home Phone: () _____
First Name Last Name Area Code

Address: _____
Street or P.O. Box City State Zip

Relationship: _____ Employer: _____
Company Position

Please list or attach a list of school and community activities you have been involved with:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list or attach a list of honors and achievements you have received:

_____	_____
_____	_____
_____	_____
_____	_____

Please complete the following on separate sheets of paper and attach to this application:

- Type a brief essay (500 words or less) explaining your educational and occupational goals.
- Please type a short autobiography (500 words or less), including interests, community activities, etc.

Applicant's Signature: _____ Date: _____

Please submit the completed application to the Witham Health Services Foundation at 2705 N. Lebanon Street, Suite 115, Lebanon, IN 46052 by 3 p.m. on Friday, June 27, 2025.