GENERAL INFORMATION

The Nesbitt Medical Student Foundation provides scholarship grants to medical students who are in need of financial assistance in order to continue their medical education. These funds have been provided by the trust estate of Esther Mae Nesbitt, a lifelong Sycamore resident. Ms. Nesbitt wished to assist needy medical students, especially DeKalb County residents and women, and to encourage their entry into general practice, either in DeKalb County or in any county in Illinois having a population of less than 50,000 residents. These scholarship funds are administered by First Midwest Bank, a community-focused bank in northern Illinois and the Midwest.

WHO IS ELIGIBLE?

To be eligible for a Nesbitt Medical Student Foundation scholarship, you must be a U.S. citizen, a resident of Illinois, and either accepted for enrollment or a regular full-time student in good standing already attending an approved College of Medicine. However, the terms of Miss Nesbitt’s trust specify that preference shall be given to women, persons who are or have been residents of DeKalb County, and students already attending an approved medical college in Illinois. The Foundation wishes, however, to encourage all eligible applicants to apply. No one will be discriminated against on the basis of race, religion, national origin, or other discriminatory criteria. All qualified applications will be given serious consideration.

WHAT ARE THE CRITERIA FOR AWARDS?

The need of each applicant will be determined on an individual basis as a matter of judgment by the NMSF Scholarship Committee. The Committee will base its judgment on the financial information submitted by the applicant and by such information as may be available. The financial information must clearly show the inability of the student to meet his education expenses without assistance. Academic qualifications and letters of recommendation will also be considered in evaluating scholarship applications.

HOW CAN I APPLY? www.firstmidwest.com/wm_scholarships/

1) Applications are to be submitted for one academic year only. A student who has received a previous NMSF scholarship must submit a renewal application for each succeeding year.
2) Do not leave any items unanswered. If a particular item does not apply to you, write N/A in the blank.
3) If insufficient space is provided for an item, use a blank sheet of paper as a supplement, identifying each response by the section and item number.
4) Obtain the certification of the Dean’s Office (Section V of the application).
5) Request two letters of recommendations from persons qualified to assess your academic performance (former or present teachers).

Applications and required documentation must be postmarked no later than June 1st prior to the academic year for which aid is being requested.

Questions: Please call Scholarship Administrator at First Midwest Bank (779) 222-7004.
SCHOLARSHIP APPLICATION

I. PERSONAL

1. Name ____________________  
2. Age _____  
3. Birthdate ____________________

4. Permanent Address ____________________

5. County in which you reside ____________________

6. If not currently, have you ever been a resident of DeKalb County Resident (when)? ____________________

7. Address while in school ____________________

8. Cell Phone ____________________  
9. Email Address ____________________

10. U.S. Citizen □ Yes □ No  
11. Veteran □ Yes □ No

12. Marital Status  
   □ Single □ Married □ Separated □ Divorced □ Widowed

13. Sex □ Female □ Male

14. Last 4 digits of social security number ____________________

15. Name of Spouse ____________________

   Address of Spouse ____________________

   Employer ____________________ Employer Phone ____________________

   Employer Address ____________________

16. Ages of Dependents ____________________

II. FAMILY

1. Father’s Name ____________________ Phone ____________________

   Address ____________________

   Occupation ____________________ Adjusted Gross Income ____________________

2. Mother’s Name ____________________ Phone ____________________

   Address ____________________

   Occupation ____________________ Adjusted Gross Income ____________________
FAMILY (continued)

3. Will your parents assist with your educational expenses? □ Yes □ No

If yes, what amount will they contribute for the period covered by this application?

$____________________

4. Are there special circumstances that limit the amount of family assistance possible? If so, please describe.

______________________________________________________________________________

______________________________________________________________________________

III. EDUCATIONAL

1. Upcoming Year in Medical School  ____1st____  ____2nd____  ____3rd____  ____4th____

2. Are you a prior Nesbitt Scholarship recipient and if yes, what year(s)?____________________

3. If you are a first year medical student, have you completed your first quarter or semester?
   □ Yes □ No

4. Name of present school________________________________________________________

   Address______________________________________________________________

5. I expect to complete my medical training on (month, year)________________________

6. Do you plan to undertake graduate medical education? □ Yes □ No

   If yes, state area of specialization__________________________________________

7. Please tell us about your practice plans after graduation_________________________

   _______________________________________________________________________

8. In the space provided below, describe your personal strengths and qualifications and why you feel that these qualifications will be determining factors in your medical career________

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________
IV. FINANCIAL (All items in Section IV refer to the Applicant)

1. Present Assets: Home Equity $_______ Automobile $_______
2. Bank Accounts: Checking $_______ Savings $_______
   Other assets: _______________________________________________________
3. Explain possible use of these assets for financing your education (if needed, attach separate sheet) __________________________________________________________
4. Make and year of car(s) you own and drive for personal use _______________________________________________________________
5. Present Debts:

EDUCATIONAL LOANS

<table>
<thead>
<tr>
<th>Name of Bank and Type of Loan Program</th>
<th>Date Incurred</th>
<th>Unpaid Balance</th>
<th>Monthly Payments</th>
<th>Due Date</th>
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<tbody>
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TOTAL

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NON-EDUCATIONAL LOANS

<table>
<thead>
<tr>
<th>Creditor’s Name, Address &amp; Purpose for Loan</th>
<th>Date Incurred</th>
<th>Date Incurred</th>
<th>Monthly Payments</th>
<th>Due Date</th>
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TOTAL

5. Applicant’s projected estimated expenses and resources for the period this loan is to be used. Academic year for which this loan will be used:
   From: __________________________ to __________________________
## EXPENSES RESOURCES

<table>
<thead>
<tr>
<th>Item</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>Gross Earnings: School Year</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>Gross Earnings: School Breaks</td>
</tr>
<tr>
<td>Food</td>
<td>Gross Earnings Spouse</td>
</tr>
<tr>
<td>Room or Housing</td>
<td>Savings</td>
</tr>
<tr>
<td>Transportation (incl. auto exp.)</td>
<td>Gifts from Family</td>
</tr>
<tr>
<td>Clothing</td>
<td>Scholarships</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>Loans from Family</td>
</tr>
<tr>
<td>Others (Specify – attach separate sheet if needed)</td>
<td>Other Loans</td>
</tr>
</tbody>
</table>

**TOTAL EXPENSES** ______________________  **TOTAL RESOURCES** ______________________

**DEFICIT** ______________________

6. Describe any special circumstances that should be considered in evaluating your application.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The undersigned represents and warrants that the information contained herein is true and correct. The Nesbit Medical Student Foundation is authorized to verify the correctness of this information and to procure any information it may require.

Date ______________________ Signature of Applicant ______________________

Nesbit Medical Student Foundation  
First Midwest Bank  
230 West State Street  
Sycamore, IL 60178
V. SCHOOL CERTIFICATION (to be completed by applicable Medical School Official recommending scholarship)

Name and Address of School

Student's Name & Address as it appears on school records

Degree Sought

To the best of your knowledge, please describe the applicants' academic performance to date.

Summary ranking of academic performance □ Excellent □ Good □ Average □ Unsatisfactory

General Qualifications

Full-Time Student □ Yes □ No

Student expected to complete program □ Yes □ No

I certify that the applicant whose true signature appears on the previous page is enrolled as stated in this application and is in good standing. To the best of my knowledge, the statements in this application are accurate and fairly represent the situation of the applicant, who in my opinion qualifies for financial assistance.

Printed Name

Title

Signature

Date

Nesbitt Medical Student Foundation
First Midwest Bank
230 West State Street
Sycamore, IL 60178