



**Lubbock Osteopathic Fund Scholarship Application  
for  
Texas College of Osteopathic Medicine  
University of North Texas Health Sciences Center**

**In addition to this application, students should submit the following:**

- 1. One letter of recommendation from professor or other professional contact.**
- 2. Current transcript.**

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- Student must be a 3<sup>rd</sup> or 4<sup>th</sup> year student at UNTHSC's Texas College of Osteopathic Medicine.**
  - Student must be a U.S. citizen.**
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**Applications should be returned by June 15 to:**

University of North Texas Health Sciences Center  
Financial Aid Office

The Lubbock Osteopathic Fund is administered by Opportunity Plan, Inc. For more information, contact OPI at (806) 655-2528, [info@opportunityplan.com](mailto:info@opportunityplan.com) or click on the Apply page at [www.OpportunityPlan.com](http://www.OpportunityPlan.com).

**Opportunity Plan, Inc.**  
**Lubbock Osteopathic Fund Scholarship Application**

*\*Indicates Voluntary Field - This information will not be used in a discriminatory manner.*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or Box City State Zip

Phone \_\_\_\_\_

Applicant's e-mail address \_\_\_\_\_

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

\* Applicant's Marital Status  
\_\_\_\_\_ Never Married  
\_\_\_\_\_ Married  
\_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Widow(er)

\* Applicant's Ethnic Group  
\_\_\_\_\_ African American  
\_\_\_\_\_ American Indian  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Caucasian  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Other

\* Names and ages of dependent children  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated graduation date \_\_\_\_\_

U.S. citizen? Yes \_\_\_\_ No \_\_\_\_

Texas resident? Yes \_\_\_\_ No \_\_\_\_

***If married, please complete section the following:***

Spouse's name \_\_\_\_\_

Spouse's occupation \_\_\_\_\_ Annual salary \$ \_\_\_\_\_

## *Statement of Financial Need*

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Since the element of financial need is one of the determining factors used by the Scholarship Committee in selecting the recipients, it is important that complete and accurate information be supplied in the space below concerning your financial need for assistance. You are again reminded that all information, financial or otherwise, furnished to the committee is kept in the strictest confidence.

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1. Please list any other scholarships or grants that you will receive during the upcoming year and the amount of each.

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2. Are any of these renewable? \_\_\_\_\_

3. Other than your savings and your family's contributions, what other sources of college funds are available to you? (i.e. student loans, trusts, insurance benefits, etc.) State in dollar amount \$ \_\_\_\_\_

4. Have you applied for federal financial aid by filing the Free Application for Federal Student Aid (FAFSA)?

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**Explanation of financial need:**

Please indicate in the blanks provided any expected sources of income you will have *during the upcoming school year*.

<b>Source of Income:</b>	<b>Amount:</b>
Parent(s)/Spouse.....	\$ _____
Scholarships/Grants .....	\$ _____
Student loans.....	\$ _____
Work income.....	\$ _____
Savings.....	\$ _____
Other (describe) _____	\$ _____
<b>TOTAL</b> .....	\$ _____

Please indicate in the blanks provided all estimated expenses which you will incur *during the upcoming school year*.

<b>Expense:</b>	<b>Amount:</b>
Tuition and fees.....	\$ _____
Books and supplies .....	\$ _____
Room and board (or apartment rent, utilities, groceries).....	\$ _____
Installment payments (car payment, insurance, etc.).....	\$ _____
Transportation expenses (gas, oil change, etc.).....	\$ _____
Personal expenses .....	\$ _____
Other (describe) _____	\$ _____
<b>TOTAL</b> .....	\$ _____

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

\_\_\_\_\_  
Date