



Warren Lawless Scholarship Application

P.O. 16486
Seattle, WA 98146-0486
206/937-5358

Please Print Legibly. Incomplete applications will not be considered.

Name _____ Date of Birth _____

Permanent Address _____ City _____ State ____ Zip _____

Present Address _____ City _____ State ____ Zip _____

Phone _____ Social Security No. _____

Legal Resident of Washington ___Yes ___No If Yes, No. Years _____

Marital Status _____ Military Status _____

Children (list with ages) _____

High School _____ GPA _____

Pre-Med School _____ GPA _____

Degree Major _____ Grad. Date _____

Osteopathic College _____

Enrollment Date _____ Class of (Year) _____

Parent/Guardian _____ Phone _____

Address _____ City _____ State ____ Zip _____

List previous loans/scholarships. Include source, amount and date. _____

List obligations (Military, USPHS, etc.) that may prevent you from returning to Washington State to practice within 30 days of completion of residency. _____

List two people (other than relatives) who will know your current address at all times:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Include with this application:

1. Two letters of recommendation from community organizations served by the applicant.
2. A letter from a physician member of the Washington Osteopathic Medical Assn.
3. A certified copy of your most recent grade transcript.
4. A letter explaining financial need from the osteopathic medical school's financial aid officer.
5. A description of your community service.

Applicant's Statement

I have completed this application as fully and accurately as possible. I agree to its terms and have read and fully agree to abide by the scholarship criteria which preface this application.

Signature _____ Date _____

Print Name _____

Application deadline February 15

Return completed application to WOF/PO Box 16486/Seattle WA 98116-0486