

Charles A Lauffer Scholarship Fund Application

Summary/Objective of Scholarship:

The fund shall be used to make scholarships to assist young men or women taking a premedical or medical course of study in some college or university approved by the Trustees and who plan to practice medicine as a career.

The Trustees shall have the broadest discretion in the administration of the Charles A Lauffer Scholarship Fund and they are granted full and absolute power and authority to make all rules and regulations which they consider necessary or advisable in connection with the administration of said Scholarship Fund.

Scholarship Criteria (List all Scholarship criteria per Instrument):

The Trustees have determined that scholarship awards will be made available for 3rd and 4th year medical students in good academic standing who need financial assistance for completion of their education.

Interested Students Must Submit The Following:

1. Completed application (Please type responses).
2. Letter from medical school confirming enrollment and continued good standing in the program.
3. Two business/professional references (no relatives) who have known you for several years.
4. Please submit the most recent approved FAFSA if applicable.
5. Please return completed package by July 1st to

Marc Mauro, VP
Bank of America, Private Bank
100 Westminster Street
RI1-536-05-03
Providence, RI 02903

Or email to marc.mauro@bofa.com

The trustee will notify all applicants of the decisions made regarding scholarship awards no later than August 31st.

Charles A Lauffer Scholarship Fund Loan Application

DATE _____

DEMOGRAPHIC

1. Your Full Legal Name				
Last	Middle	First		
2. Permanent Address				
Number and Street	City	State	Zip Code	Country
3. Current Address (if different): <i>Effective Until</i> _____				
Number and Street	City	State	Zip Code	Country
4. Permanent Home Telephone _____ Current Telephone (if different) _____				
5. Email _____				
6. Date of Birth _____ 7. Place of Birth (City/State) _____				

I hereby affirm the correctness of the foregoing answers, and promise to use the loan granted to me for no other purpose than the necessary expenses of continuing my medical education.

If the loan is made to me, I further promise:

- To answer promptly all notices and letters relating hereto.
- To repay the loan according to its terms.

Answering promptly all notices and letters relating to the loan is fundamentally important, and the granting of a loan is contingent thereon.

**Bank of America Employees and
Their families are not eligible for
This loan program**

Signature

Date

PARENT INFORMATION (If they are providing financial support)

Name of Father: _____ Occupation: _____

Name of Mother: _____ Occupation: _____

Telephone Numbers: Father: _____ Mother: _____

Address if Different from Your Permanent Address: _____

SPOUSE INFORMATION

Name of Spouse: _____ Occupation: _____

Telephone Number: _____

List name, address and telephone number of person who will guarantee loan:
Not a student or spouse

EDUCATION/TRANSCRIPT

Please list all Institutions attended: (Technical/College/University/Medical/Law)

Institution	Degree	Credit Hours Taken	Credit Hours Received	GPA	Year Taken	Graduate Year
20.						
21.						
22.						
23.						

FINANCIAL NEED

Student Information

23. Marital Status
24. Student/Spouse Income
25. Student/Spouse Debt
26. College you plan to attend:
27. Desired Major
28. Annual approximate college tuition (based on full-time status)

ANNUAL FINANCIAL AID EXPECTED

29. Parent(s), guardian or other relatives	\$
30. Scholarship(s)	\$
31. College Work-Study Program	\$
32. Perkins Loan Program Stafford Loan Program	\$
33. Graduate Plus Loans	\$

34. TOTAL ANNUAL AID EXPECTED \$ _____

Attach Additional Spreadsheet if necessary

CHARACTER

List References below: Name, address and telephone number
1)
2)
3)
List Professional activities, athletics and student organization participation.
1)
2)
3)
4)
5)
List Community Service participation.
1)
2)
3)
4)
Please make a brief statement as to why you should be granted this loan.

