

**APPLICATION FORM: 4 pages**  
**Trudy McAlister Foundation – AOM Scholarship Fund**

The AOM Scholarship Fund [a division of the **Trudy McAlister Scholarship Foundation**] is a merit-based scholarship fund for students of Acupuncture and Oriental Medicine in ACAOM accredited schools.

**Deadline** - Completed applications and documents must be postmarked by **January 15, 2020**.

**Your AOM School must return its top three applicant packages to:**

**AOM Scholarship Fund**  
**c/o Trudy McAlister Foundation**  
**PO Box 549**  
**Canby, OR 97013**

**Eligibility**

- Completed at least one full academic year of their professional training.
- Each college can nominate up to three students. Please check with your school on their selection procedures, as each school is responsible for determining how they manage this part of the process.
  - Applicants must be United States citizens.
  - A minimum 3.1 GPA from Undergraduate college work and AOM college grades is recommended, although all applications that qualify in other requirements will be reviewed. Transcripts that show Pass/Fail results will also be reviewed.

**Application Procedures**

- Complete the Trudy McAlister Scholarship application. **ONLY APPLICATIONS RECEIVED IN HARD COPY WILL BE CONSIDERED.**
- Include the required two essays. Please write about both and keep each essay to under 500 words.
- Enclose with the completed Scholarship Application, two letters of recommendation along with completed Recommendation Form (for each) from a college faculty member. Recommenders must seal and sign the envelope making sure that the applicant's name appears on the front of the envelope.
- Include an official copy of your transcript(s) – include **all** college transcripts, both undergraduate **and** graduate. Copies of official undergraduate transcripts may be on file with your AOM College and are acceptable to use.
- Include a professional photo of yourself. Finalists will be asked to submit an electronic copy in .jpg format. (An article will be written for *Acupuncture Today*, and recipients' names and photos will be included in the article.) Please email the **professional high-resolution quality** photo in jpg format.

**• Please note:**

- **NO incomplete applications will be considered.**
- **Only nominations channeled through school officials will be considered.**
- **All applications and letters must be sent by the college.**
- **If a college submits more than 3 applications, NONE will be accepted.**
- **Applications postmarked after the deadline will not be accepted.**

**Notification:** The successful applicants will be announced in the **spring of 2020**.

Any questions about the scholarship and/or the application process, please contact:  
Heather George, Executive Director. Email: [Heather@AOMScholarship.org](mailto:Heather@AOMScholarship.org) Phone: 970-209-6723

## Trudy McAlister Scholarship Application

(for student applicants to complete)

Instructions: Please fill out this application neatly (preferably typed). If you need extra room, you may attach a separate sheet of paper. You may also attach a résumé or Curriculum Vitae. Return the application with the supporting materials to your school. Your school will select 3 applicants to submit.

Name: \_\_\_\_\_  
Last First Middle

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent phone: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Local address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Are you a United States citizen or permanent resident? Check one: \_\_\_ Yes \_\_\_ No

Name and location of high school from which you graduated: \_\_\_\_\_  
\_\_\_\_\_ Public \_\_\_ Private

What is your sex/gender? Check one: \_\_\_ Male \_\_\_ Female \_\_\_ Other

Other college from which you graduated: \_\_\_\_\_

Any degrees obtained: \_\_\_\_\_ Undergraduate GPA \_\_\_\_\_

**Current college of AOM:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact at college: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Previous college of AOM (if any): \_\_\_\_\_

Name of contact at college: \_\_\_\_\_ Contact's phone:(\_\_\_\_) \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date you started AOM college: \_\_\_\_\_

Units completed: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Participation in the college's student association: \_\_\_ Y \_\_\_ N How: \_\_\_\_\_

Participation in a state student association: \_\_\_ Y \_\_\_ N How: \_\_\_\_\_

Participation in a national student association: \_\_\_ Y \_\_\_ N How: \_\_\_\_\_

**Extracurricular and community activities:**

[Please attach an additional page explaining your medical and non-medical scholastic extracurricular and community activities.]

**Career goals:** [Please attach an additional page explaining your past and current leadership roles, as well as your career goals.]

**Essay Questions: ATTACH AS SEPARATE PAGES. NOT TO EXCEED 500 WORDS per essay.**

**Question 1:**

**What are your reasons, and what makes you an excellent candidate, for becoming an AOM practitioner and healer?**

**Question 2:**

**As an AOM practitioner: What are your goals, and where do you see yourself in 10 years?**

**Trudy McAlister Scholarship Recommendation Form**  
(for faculty/other recommenders to complete)

Applicant's Name: \_\_\_\_\_

Student's College ID Number: \_\_\_\_\_

**To the applicant :** Please give this form to your recommender who can comment on your qualifications for this scholarship. For the convenience of the person who makes the recommendation, you can include an envelope addressed to your AOM school or have it sent directly to us at:

**AOM Scholarship Fund, c/o Trudy McAlister Foundation, PO Box 549, Canby, OR, 97013**

Recommenders may mail Scholarship Recommendation Form and/or letter of recommendation separately; however, **the Scholarship Committee strongly encourages applicants to submit all requisite application materials together at the same time.**

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation; however, those who write and assess recommendations may attach more significance to those documents if they know their comments will remain confidential. You may choose the option to waive your right to access these recommendations. Please check the appropriate statement to indicate your choice, and then sign your name below.

I waive my right to review this recommendation.

I do not waive my right to review this recommendation.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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**RECOMMENDATION**  
(Please Print)

Name of Recommender, Faculty, or Other:

\_\_\_\_\_

Title: \_\_\_\_\_ Institution/School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

1. I have known the applicant for \_\_\_\_\_ year(s) and \_\_\_\_\_ months.

2. I know the applicant: \_\_\_ very well \_\_\_ fairly well \_\_\_ slightly

3. I know the applicant in the following capacity: \_\_\_\_\_

