



**TEXAS BUSINESS AND PROFESSIONAL WOMEN'S
FOUNDATION, INC.**

Scholarship Application for

MINNIE L. MAFFETT FELLOWSHIP FUND

Purpose: To provide financial assistance to promote medical education for women.

Scholarship Requirements

Preference in (but not limited to) making awards shall be given to graduates of Texas medical schools. Funds will be paid directly to the educational institution for disbursement to the student or applied to her account, where applicable.

Scholarship Criteria

- 1) Applicant must be a female graduate of a recognized medical school seeking funds for use in post-graduate research in a medical field; or
- 2) A woman who has been awarded a PhD from a Texas university who is doing research in a medical field; or
- 3) A woman who needs financial aid for the first year in establishing a family practice in a rural area with a population not exceeding 5,000; or
- 4) A fourth-year female medical student completing a M.D. or D.O. degree in an accredited school in the State of Texas.

Procedure for application: Complete the following application form and submit with additional documentation listed below to:

Minnie L. Maffett Fellowship Fund Chair

Texas Business Women • 1241 Southridge Court Ste 102B • Hurst, TX 76053 • 817-285-8448

A completed application consists of:

- 1) The completed application form;
- 2) A photograph (print or digital format) of applicant for publication upon award presentation;
- 3) Four (4) letters of recommendation, including two medical school faculty members and two personal references;
- 4) Brief summary of employment history;
- 5) Single page description of how award funds will be used, career goals, amount of funds necessary, and length of time needed to achieve these goals; and
- 6) Name preferred on the scholarship check and address to send check. Also, a permanent address if student is studying away from home and/or lives in temporary housing. (Note: parents or other family member to be contacted if recipient has changed location).

The application and all supporting documents must be postmarked by December 31.



TEXAS BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION, INC.

MINNIE L. MAFFETT FELLOWSHIP FUND

Application

I. Biographical Information

Name _____

Address _____ City _____ Zip _____

Telephone (H) _____ (W) _____ (F) _____

e-mail address _____

Permanent Address _____ City/St. _____ Zip _____

Permanent Telephone _____

II. Education Information

Name and location of Medical School(s) Attended _____

Degrees Held _____

III. University to Receive Payment (If application is accepted, scholarship will be paid directly to the University as listed)

Name _____ Student ID _____

Address _____ City _____ Zip _____

IV. Status

Current scholarships awarded to you _____

Have you been accepted for additional professional training? _____

If yes, where? _____

Field of study _____

Time required to complete proposed study _____

V. Certification

Applicant

I hereby formally request that I be considered for a Minnie L. Maffett Fellowship Fund award. I have read, understand, and agree to abide by the stated requirements and submit the enclosed information freely and willingly to the Fellowship Fund Committee to assist them in the selection of recipients. I have completed all the information on this application and certify that it is accurate and that my permission is given to verify and qualify all information provided in this application. I understand that any award funds not used for this stated purpose must be refunded to TBPW Foundation.

Signature _____ Date _____