

Amy Erickson Memorial Scholarship



This scholarship was established in 1998 in loving memory of Amy Erickson.

Amy died from breast cancer at the age of 33. She was diagnosed in 1991 and received traditional treatment including chemotherapy, radiation, and surgery. At the end of her illness, Amy learned about alternative and holistic approaches that could treat her illness.

Amy and her family regretted that they were not initially informed about non-traditional treatments. The limited information they did receive came too late to be considered a viable option for Amy's treatment.

Amy believed doctors should inform cancer patients about traditional and non-traditional treatments so that each patient can make the best treatment decisions possible. With her belief in mind, Amy's family established the Amy Erickson Memorial Scholarship Fund, which provides scholarships for students interested in complementary and alternative therapies that combine traditional and alternative treatment methods.

APPLICANTS MUST —

- ◆ *Be third or fourth-year, full-time medical students. Winners who are fourth-year students will receive the award to assist with their career plans.*
- ◆ *Attend an accredited medical school.*
- ◆ *Be enrolled in clinical courses studying complementary and alternative therapies.*
- ◆ *Demonstrate financial need.*

AWARD: \$2,000

APPLICATION DEADLINE: May 1, 2012

NOTE: Outdated applications will not be accepted. Check the application deadline printed above to ensure this form is eligible for consideration. Extra copies can be made. Photocopy on one side of paper only.

Application Submission Instructions

To be eligible for consideration, your application must be submitted on a current application form and be signed.

- Scholarship Application. Attach separate sheets of paper to respond to Section II, an Essay.
- Official Medical School Transcript. Attach a copy of your official medical school transcript to this application.

Please note —

- If you have questions about this application, please call the Scholarship Administrator at the SFACF, (605) 336-7055.
- Complete your application and submit all required forms in one package. Your submission must be postmarked no later than May 1. Send to —

SIoux FALLS AREA COMMUNITY FOUNDATION
Amy Erickson Memorial Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

Amy Erickson Memorial Scholarship Application

Please type or print responses in black ink and complete all sections.

IV. FINANCIAL INFORMATION

Estimate of Annual Educational Expenses		Sources of Annual Support	
◆ Tuition and fees	\$ _____	◆ Personal savings	\$ _____
◆ Books and supplies	\$ _____	◆ Personal employment	\$ _____
◆ Room and board	\$ _____	◆ Family sources	\$ _____
◆ Personal expenses	\$ _____	◆ Financial aid	\$ _____
◆ Other expenses (list)		◆ Scholarships applied for	
_____	\$ _____	(list)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total expenses	\$ _____	Total support	\$ _____

Please circle any scholarship award that you have received.

V. OFFICIAL MEDICAL SCHOOL TRANSCRIPT

Attach transcript of all classes completed to the application form.

VI. CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge and that I am not related to any member of Sioux Falls Area Community Foundation's staff or Board of Directors. If selected for this award, SFACF is authorized to publish my photograph and name on its website, publications, and advertisements.

Applicant's signature

Date

Submit this application and all required forms by May 1 to:

SIOUX FALLS AREA COMMUNITY FOUNDATION
 Amy Erickson Memorial Scholarship Committee
 300 N. Phillips Avenue, Suite 102
 Sioux Falls, SD 57104-6035