

# Ashley Elizabeth Evans

## Medical School Scholarship



In Ashley's 25 years, she not only achieved excellence in her scholarly pursuits, but she also managed to live a well-balanced life filled with family and friends.

During her youth, Ashley was a regionally and nationally ranked junior tennis player. While attending O'Gorman High School, she was a member of the varsity tennis team, which won four consecutive titles. She was also a varsity cheerleader.

After graduation from O'Gorman in 1996, Ashley enrolled at the University of St. Thomas in St. Paul. During college she volunteered with the UST Tutor-Mentor Program for elementary students, and Ashley was involved with the UST Vision Volunteer Program in Houston, Texas. She also worked as a tutor for the UST chemistry department and as a research assistant in the Biochemistry Laboratory. As her interest in medicine grew, Ashley volunteered in the emergency department and outpatient clinics at Regions Hospital in St. Paul. Working with the Student Experience Volunteer Program, Ashley served as a personal care assistant for a physically and mentally impaired middle school student.

While attending the University of St. Thomas, Ashley was named to the dean's list for high scholastic achievement during all eight semesters. Ashley was also the recipient of the Distinguished Scholarship for Academic Excellence and the Dean's Scholarship for Academic Excellence. She was named to the national dean's list from 1998-2000. During her senior year, Ashley was inducted into the Delta Sigma Epsilon Honorary Society and was named Analytical Chemist of the Year by the UST chemistry department. In 2000, Ashley graduated Summa Cum Laude with a double major in Biology and Chemistry.

In the fall of 2000, Ashley enrolled at the Chicago Medical School. Combining her love of medicine with her passion for service, she spent the summer after her first year volunteering as a member of the Mission San Lucas Toliman's traveling medical clinic in Guatemala. Ashley ran in the Chicago Marathon during her second and third years of medical school. During her third year, Ashley was selected to be a member of the Alpha Omega Alpha Medical Honor Society. In addition, she was inducted as a charter member of the Gold Humanism Honor Society, honoring her concern for human interests, values, dignity in the care of her patients, and her day-to-day relationships with her colleagues.

To celebrate Ashley's life, her family established this scholarship to benefit first-year medical students who graduated from Sioux Falls area high schools. Eligible students fall into one of two categories — those beginning their first semester of study and those who have already completed one or two semesters. Through this annual award, Ashley's family hopes to inspire students to pursue her dream to serve those in need and to live life to the fullest.

#### *APPLICANTS MUST —*

- ♦ *Be graduates of a Sioux Falls area high school or home school program.*
- ♦ *Be admitted to or enrolled in their first year of medical school at an accredited institution in the United States. Preference will generally be given to applicants entering their first year.*
- ♦ *Demonstrate financial need.*
- ♦ *Have participated in school and community activities throughout high school and college.*
- ♦ *Have demonstrated academic excellence during college by maintaining a "B" (3.0) or better average.*

**AWARD: \$2,500**

**APPLICATION DEADLINE: August 15, 2012**

NOTE: Outdated applications will not be accepted. Check the application deadline printed above to ensure this form is eligible for consideration. Extra copies may 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, Extra-Curricular and Community Activities; and Section IV, an Essay.
- Recommendation Forms (2). Before asking someone to complete a recommendation on your behalf ask whether that person is serving on the selection panel. Under no circumstances may family members or selection panel members serve as your references. Applicants who use family or selection panel members will be disqualified. You will submit two recommendations, one from a professor or administrator and one from an adult who knows you well.
- Official College Transcript. Include an official copy of your college transcript with your application or have one mailed directly to SFACF's office by your school's registrar. For mailed transcripts, be sure to note the name of the scholarship you are applying for on the envelope. Applicants who have finished one or two semesters of medical school must also send a transcript from the medical school.

*Please note —*

- Your application will be duplicated for a selection committee. Write on only one side of each sheet of paper.
- Any transcript, certification, or recommendation submitted is subject to verification by Sioux Falls Area Community Foundation.
- This is a non-renewable award; however, in the absence of qualified applicants in any given year, the selection panel may renew this scholarship for one or more previous winners who continue to be students in good standing.
- If you have questions about this application, please call the Scholarship Administrator at the SFACF, (605) 336-7055, ext. 20.
- Complete your application and submit all required forms — including any required transcript, certification, or recommendation — in one package. Your submission must be postmarked no later than August 15. Send to —

SIoux FALLS AREA COMMUNITY FOUNDATION  
Ashley Elizabeth Evans Medical School Scholarship  
300 N. Phillips Avenue, Suite 102  
Sioux Falls, SD 57104-6035



# Ashley Elizabeth Evans Medical School Scholarship Application

## VI. 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.*

## VII. SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

## VIII. 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 August 15 to:*

SIOUX FALLS AREA COMMUNITY FOUNDATION  
Ashley Elizabeth Evans Medical School Scholarship  
300 N. Phillips Avenue, Suite 102  
Sioux Falls, SD 57104-6035

# Ashley Elizabeth Evans Medical School Scholarship

## Recommendation Form

Applicant's name \_\_\_\_\_

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by the Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- ◆ Please do not write or type on back side of this paper.
- ◆ Attach additional sheets of paper if necessary.
- ◆ When finished, place form in a sealed envelope and write your name across the seal.
- ◆ Return to applicant as soon as possible. Applications are due August 15.

*Please type or use black ink.*

1. How long have you known the applicant?  
 All his/her life       5-10 years       3-5 years       1-3 years
2. How have you been acquainted with this applicant?
3. What qualities make this applicant a good candidate for this scholarship?
4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print or type name

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

\_\_\_\_\_  
Title (if school official)

\_\_\_\_\_  
Telephone

*If you have questions, please call the Scholarship Administrator at the  
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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