Osteopathic Medical Foundation

Resident Recruitment Grant Application

To be completed by applicant. "IMPORTANT" read the information carefully				OMF USE ONLY
If granted an OMF $10,000 Grant, I agree to remain in the Michiana, Indiana area for 2 years and agree to serve 1 year on OMF's Board of Directors. I understand that failure to honor these terms will default this agreement and I will be responsible for repayment of a prorated amount assessed for time not served.				Date Issued: Grant Number: Grant Amount:
Name		Email		
Permanent Street Address	City	State	Zip	Phone
Current Street Address	City	State	Zip	Phone

Expected Date of Relocation to Michiana Area	Has a firm offer for employment been extended?	Has this offer already been accepted? If not, please explain why?

New Employer Name		Supervisor or Primary Contact	
Employer Address	City	State Zip	Phone

Do you have any student debts?	Amount of student debt:	Medical School Attended	Year Graduated	Medical License Number

List three references at separate addresses (2 professional, 1 personal)

Name	Relationship	Address	Phone

Are you willing to serve one year on the OMF Board of Directors? [ ] yes [ ] No

Are you receiving any other compensation/relocation incentive to move to the Michiana area? [ ] yes [ ] no

Please explain 1) Why you decided to practice Osteopathic Medicine in the Michiana area, 2) Your short-term and long-term goals for your practice in the Michiana area, and 3.) How long you plan to practice medicine in this area. (attach additional page if needed)

I, the applicant, certify that the information contained in the above application is true, complete, and correct to the best of my knowledge and belief and is made in good faith. I understand that any false or misleading information provided, or omitted, on this application or during any interview is grounds to disqualify me for consideration for the OMF Resident Recruitment Grant.

I authorize the OMF to contact my references, school or other sources to investigate my background and to verify any of the information contained in this application, in any accompanying resume, or in any personal interview. I understand that such reports may contain information concerning my academic, credit and criminal record.

I further authorize those references, schools, and other sources to give the Osteopathic Medical Foundation any and all information concerning my previous employment, education, conduct, and any other relevant information they may have, personal or otherwise, and hereby release and forever discharge all such persons, companies or other sources, and their agents and employees, and the Osteopathic Medical Foundation and its agents and employees, from any and all claims, known or unknown, which may result from the disclosure of the requested information.

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Signature of Applicant: Date:

NOTE: Please send completed application to: OMF P.O. Box 6344, South Bend, IN 46660-6344