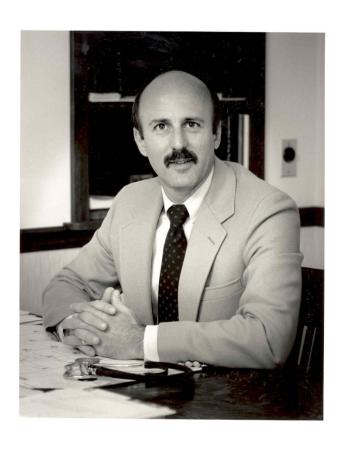


## COLUMBUS REGIONAL HEALTH FOUNDATION

### Ronald D. Roberts, M.D. Memorial Scholarship Fund



Occasionally, an individual comes along who makes us sit up and take notice. He's a leader; a visionary; someone who inspires us; someone we want to follow. Ron Roberts was such an individual. Whether you were his classmate, teammate, fraternity brother, neighbor, teacher, professional colleague or just a good friend, Ron brought out the best in you . . . by displaying the best of himself. His personality was unique; he had a keen sense of humor, a quick wit and a nickname for almost everyone he knew. His spirit was contagious; it infected all those with whom he had contact. He was an athlete, music lover, disc jockey, comedian, philosopher and ardent I.U. basketball fan.

Most importantly to many, Dr. Roberts was also a skilled physician and medical scholar. During his undergraduate and graduate years, Ron labored at many jobs, from newsboy to high

school teacher, to finance his education. He worked tirelessly to fulfill his dream of becoming a doctor. And he succeeded. He achieved board certifications in Internal Medicine, Pulmonary Medicine and Intensive Care Medicine. He treated patients with dignity and respect, and his sense of humor and honesty were valued by his patients, many of whom had debilitating illnesses. His untimely death at age 46 in October, 1991, was a tragedy for his family, friends and the local medical community.

In memory of this family man and loyal friend, a scholarship fund to honor and perpetuate his memory was established in December 1991. The fund is designed to provide financial aid to medical students who demonstrate both financial need and academic success. Prior to his death, his wife discussed

creation of such a fund with Dr. Roberts, and the criteria for awarding the annual award are based in large part on the thoughts Dr. Roberts expressed during those discussions. Those criteria include:

- The recipient must demonstrate financial need.
- The recipient must reside or have resided in southern Indiana, with preference given to residents of Bartholomew, Monroe and contiguous counties.
- Students attending any medical school are encouraged to apply, but preference may be given to students attending Indiana University School of Medicine.
- No preference will be given based on race, religion, sex, age or national origin.
- Students must be in their 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> year of medical school

The recipient of the annual award will be selected by the members of the Board of Directors of the Ronald D. Roberts, M.D. Memorial Scholarship Fund. Their decision will be based on (1) evaluation of a candidate's completed application and (2) a personal interview with Board members. The amount of the award varies annually based on the investment performance of the Scholarship Fund and will be sent directly to the recipient's medical school. The award may be applied over two semesters.

The Ronald D. Roberts, M.D. Memorial Scholarship Fund is managed by the Columbus Regional Health Foundation. Questions about the Foundation or the Roberts Scholarship Fund may be directed to:

Cheryl Rothbart
Columbus Regional Health Foundation
2400 E 17<sup>th</sup> St
Columbus IN 47201-5351
<a href="mailto:crothbart@crh.org">crothbart@crh.org</a>

Telephone: 812-376-5100

# Ron Roberts Memorial Fund Scholarship Grant Application

Name:	Date:	
Home Address:		
Street:		
	State: Zip:	
Preferred Telephone:	Email Address:	
Current Address:		
Street		
	State: Zip:	
Preferred Telephone:	Email Address:	_
Birth Date: Age:	:Sex:	
Marital Status:	Spouse's Name:	
Legal Dependents: Number:	Ages:	
<b>Education</b>		
High School:		
Name:	City:	State:
Year of Graduation or GED:	GPA: on a scale of	
Undergraduate:		
Name:	City: State	ə:
Years of Attendance:t	to Year of Graduation:	
Degree:	GPA:on a scale of	
Name:	City:	State
Years of Attendance:t	to Year of Graduation:	
Degree:	GPA:on a scale of	_
Graduate:		
Name:	City:	State:
<u>-                                    </u>	to Year of Graduation:	
	GPA:on a scale of	
	to Year of Graduation:	
	GPA:on a scale of	_
Medical School:		
	City:	State:
	Anticipated Year of Graduation:	

### **Personal Finances**

<b>Estimated Medical Scho</b>	ool Costs for One	Year:		
Tuition:	Books	& Fees:	Room & Board:	
Personal Expenses:		Other Expenses:	Total:	
Name & amount of other	er scholarships, g	grants or awards that	you have received for pos	t-high school education:
Total Undergraduate De	ebt:	Total Graduat	e (non-Medical School) De	ebt:
<b>Anticipated Medical Scl</b>	hool Debt to Grad	duation:		
Work Experience	<u>)</u>			
Please list work experie	ence chronologic	ally, beginning with y	our most recent employm	ent:
Employer/Business	City/State	Position/Title/Type	of Work Salary	Dates Employed
Volunteer Work a	and Commu	nity Service		
Please list volunteer wo	ork and communi	ty service, beginning	with your most recent wo	rk/service:
Volunteer/Community C	Organization	City/State	Type of Work	Dates of Work/Service
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#### **Personal Essay**

Personal financial need is an important criterion in awarding the Ron Roberts Memorial Scholarship. Please state why you feel you qualify for this scholarship grant and discuss your vision for your career in medicine. The Ron Roberts Memorial Scholarship Fund Board will consider this statement carefully. Candidates are often so closely qualified that your essay may play a significant role in the Board's decision. You may write your essay in the space below or include it as an attachment. Although it is not required, you may also attach a curriculum vitae or personal resume.

The Board recognizes and encourages your efforts in your medical education. Ron Roberts, MD struggled to pay for his education through medical school and often expressed his wish to help other medical students in need. Upon his death, family, friends and colleagues created this Memorial Scholarship Fund to honor him and carry out his wish.

The Board will consider all applications and select the most appropriate candidate. All applicants will be notified of the Board's decision. Thank you for applying.

Please send applications no later than 5:00 pm, May 1st, 2024 to Cheryl Rothbart at <a href="mailto:crothbart@crh.org">crothbart@crh.org</a>