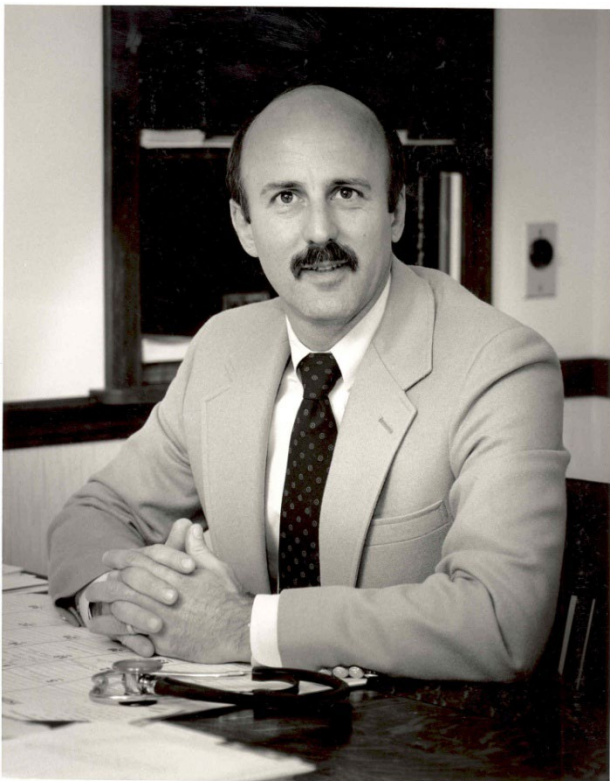




COLUMBUS REGIONAL HEALTH FOUNDATION

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 2nd, 3rd, or 4th 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 17th St
Columbus IN 47201-5351
crothbart@crh.org

Telephone: 812-376-5100

Ron Roberts Memorial Fund Scholarship Grant Application

Name: _____ Date: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Email Address: _____

Current Address:

Street _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Email Address: _____

Birth Date: _____ Age: _____ Sex: _____

Marital Status: _____ Spouse's Name: _____

Legal Dependents: Number: _____ Ages: _____

Education

High School:

Name: _____ City: _____ State: _____

Year of Graduation or GED: _____ GPA: _____ on a scale of _____

Undergraduate:

Name: _____ City: _____ State: _____

Years of Attendance: _____ to _____ Year of Graduation: _____

Degree: _____ GPA: _____ on a scale of _____

Name: _____ City: _____ State: _____

Years of Attendance: _____ to _____ Year of Graduation: _____

Degree: _____ GPA: _____ on a scale of _____

Graduate:

Name: _____ City: _____ State: _____

Years of Attendance: _____ to _____ Year of Graduation: _____

Degree: _____ GPA: _____ on a scale of _____

Name: _____ City: _____ State: _____

Years of Attendance: _____ to _____ Year of Graduation: _____

Degree: _____ GPA: _____ on a scale of _____

Medical School:

Name: _____ City: _____ State: _____

Years of Attendance: _____ to _____ Anticipated Year of Graduation: _____

Personal Finances

Estimated Medical School Costs for One Year:

Tuition: _____ Books & Fees: _____ Room & Board: _____

Personal Expenses: _____ Other Expenses: _____ Total: _____

Name & amount of other scholarships, grants or awards that you have received for post-high school education:

Total Undergraduate Debt: _____ Total Graduate (non-Medical School) Debt: _____

Anticipated Medical School Debt to Graduation: _____

Work Experience

Please list work experience chronologically, beginning with your most recent employment:

Employer/Business	City/State	Position/Title/Type of Work	Salary	Dates Employed
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Volunteer Work and Community Service

Please list volunteer work and community service, beginning with your most recent work/service:

Volunteer/Community Organization	City/State	Type of Work	Dates of Work/Service
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