

# Texas School of Podiatric Medicine Scholarship Program

*Administered by the Texas Podiatric Medical Foundation.*

Supported by the Texas Podiatric Medical Association & the Texas Podiatric Medical Foundation.

**DEADLINE TO APPLY IS JUNE 20.annually.**

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

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

Are you a U.S. citizen?  Yes  No If no, please provide country of residence information.  
\_\_\_\_\_

Are you a Texas resident?  Yes  No

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## EDUCATION INFORMATION

Name of high school attended: \_\_\_\_\_

GPA at graduation: \_\_\_\_\_

Name of college attended: \_\_\_\_\_

Hours completed OR date degree received: \_\_\_\_\_ GPA at graduation (if applicable): \_\_\_\_\_

MCAT Score: \_\_\_\_\_ Date MCAT was taken: \_\_\_\_\_

**Please choose one of the following:**

- I have been accepted to UTRGV-School of Podiatric Medicine.
- My application is pending.

Please list your academic and community awards: \_\_\_\_\_

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ALL EDUCATION REFERENCES WILL BE CORROBORATED WITH YOUR COLLEGE SUBMITTALS.

**MORE ABOUT YOU** – please use a separate document to answer the following questions.

- Describe any charitable or community outreach programs you have volunteered for in the past 4 years?
- What impact do you want to make on the future of foot and ankle care? Why a scholarship is important to you? Include any mentors, accomplishments or experiences that make you uniquely worthy of scholarship consideration.
- **Essay or Video.** Submit 300-500 word essay or video on why you want to attend the School of Podiatric Medicine. *\*This can be the same essay or video used for your UTRGV-SOPM application.*
- Submit 1 letter of character reference . *\*Limit to 1 page and not by a family member.*

**RELEASES/AUTHORIZATIONS**

**Please note checking all 4 boxes serves as your signature for approval and understanding of authorization.**

I release to the Texas Podiatric Medical Foundation and the Texas Podiatric Medical Association the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards for the Texas School of Podiatric Medicine Scholarship Program.

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the Texas Podiatric Medical Foundation and the Texas Podiatric Medical Association, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I authorize permission for TPMF to access my academic records or application information from the UTRGV School of Podiatric Medicine as needed.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed application and additional documents including video/essay to:  
[staff@txpmf.org](mailto:staff@txpmf.org) or mail to 201 Stillwater, Ste 8, Wimberley, TX 78676.

**Deadline for submission: June 20.Students.may.reapply.annually.**

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**TEXAS PODIATRIC MEDICAL FOUNDATION**

www.txpmf.org | 201 Stillwater, Ste 8 ,Wimberley, TX 78676 | 888-659-4440

