



LOMA LINDA UNIVERSITY  
School of Medicine



ALUMNI ASSOCIATION  
SCHOOL OF MEDICINE OF LOMA LINDA UNIVERSITY

## Alumni Association *Paying It Forward* Scholarship

For third- and fourth-year  
Loma Linda University  
School of Medicine Students



### About the Scholarship:

The *Paying It Forward* Scholarship aims to assist junior and senior medical students who are actively involved in their class, the school, or the broader community by providing a 50% tuition and fees scholarship for one academic year.

Recipients of the scholarship are also connected with their sponsor or a designated mentor to support their journey.

Those receiving the scholarship also agree to “pay forward” the amount they receive within 20 years to the scholarship program, allowing the program to grow and future students to benefit! (Example: if you receive \$33,000, you donate \$33,000 to the program within 20 years.)

### Why Apply:

Receiving the scholarship benefits you now and into the future.

Example: For a one-year \$33,000 *Paying It Forward* Scholarship paid forward on year 10:

**\$9,000–\$14,000 SAVED**  
in student loan interest  
&

**\$10,000 SAVED** in taxes  
for the \$33,000 donated (paid forward)

These numbers are double for those who are awarded the scholarship in their junior and senior years!



### How to Apply & More Information

To apply, visit: [medicine.llu.edu/scholarship](http://medicine.llu.edu/scholarship)  
For more information, call 909-558-4633 or email [llusmaa@llu.edu](mailto:llusmaa@llu.edu)



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## Alumni Association *Paying it Forward* Scholarship Application

### Overview

The Alumni Association *Paying It Forward* Scholarship (AAPIFS) is designed to assist junior and senior medical students who are actively involved in their class, the school, or the broader community by providing them with a 50% tuition and fees scholarship for one academic year. Awarded at the beginning of each academic year\*, the AAPIFS aims to encourage students to positively impact their sphere of influence during and after their medical training. The late Dr. Schumacher '62 and other generous alumni have donated money and time to invest in your future. They are interested in your success as a physician and an individual. By participating in this scholarship, you will have the opportunity to benefit from mentorship by an alumnus and later, to follow their example.

\*Pending successful completion of Step 1 for junior students

### Criteria

Scholarship recipients will be selected by the LLU School of Medicine Dean's Office and Alumni Association *Paying It Forward* Scholarship Committee (AAPIFSC) based on the following criteria:

- Enrolled and in good academic standing with LLU School of Medicine.
- A junior or senior student.
- Demonstrates financial need and is not currently receiving any other scholarships more than 20% of tuition.
- Actively involved in their class, the School of Medicine, or the broader community.
- Is committed to actively supporting the mission of the School of Medicine.
- Agrees to be featured on the Alumni Association website and contribute to the Alumni Association's community after graduation.
- Agrees to connect with their mentor/scholarship donor on a quarterly basis to share updates and receive advice.
- Commit to a covenant relationship with the Alumni Association, agreeing to pay forward the scholarship amount within 25 years of receiving the scholarship.

### Scholarship Amount for 2022/23

The LLU School of Medicine tuition and fees for the 2022/23 academic school year are as follows:

- Tuition: \$ 59,452
- Fees: \$ 4,504+

The Alumni Association *Paying It Forward* Scholarship amount for the 2021/22 school year is:

- \$33,000 (Approximately 50% of the 2022/23 tuition and fees)
- This scholarship is open for renewal if the applicant is a junior

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11175 Campus Street, Coleman Pavilion, Room A1116, Loma Linda, California 92350

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Upcoming Year in Medical School (Check)    3     4

Name \_\_\_\_\_

LLU Student ID \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

To ensure we select the most suitable candidate complete the questions below (500 words or less)

1. What difficult-to-keep commitment have you made in the past that would provide evidence that you will honor this, life affecting, covenant obligation to “pay it forward”?

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2. Describe your most meaningful community service experience. What happened and how has it influenced you?

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3. As a medical student, you may be currently facing many challenges including finances, relationships, and time restrictions on your devotional life. What personal commitments do you hope to accomplish between now and graduation? In what ways (other than having an MD after your name) will you be better able to creatively face the challenges that will come after completing medical school?

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4. Briefly outline your “ideal” future self, 10 years after graduation. In addition to an MD degree, what other training will you have completed? What additional skills will you have acquired? How will you have grown as a person? And what role will you be filling in your community?

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I am interested in being considered for an Alumni Association *Paying It Forward* Scholarship from June 2022 to June 2023 and I understand that I must initiate the process by completing this application in full.

I understand that my answers will be reviewed by members of the LLU School of Medicine Dean's Office and the Alumni Association *Paying It Forward* Scholarship Committee (AAPIFSC) who will select applicants to be interviewed.

I agree to be interviewed by members of the AAPIFSC if requested.

I understand that the Alumni Association is limited to junior and senior medical students who have successfully completed Step 1, have demonstrated financial need, and are in good academic standing.

If selected, I agree to have my name and image used on the Alumni Association website and promotional material.

If selected, I agree for the duration of my scholarship to connect with my mentor/scholarship donor on a quarterly basis to share updates and receive advice. I also agree to have my contact details shared with my scholarship donor so they can contact me.

I hereby authorize members of the School Medicine Scholarship Committee and the AAPIFSC to review academic and financial information that is available to Loma Linda University.

Your signature below designates that you are applying for the award, agree to the terms above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Return your applications to [smscholarships@llu.edu](mailto:smscholarships@llu.edu) mid-night Sunday, September 4, 2022.

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