



**COLORADO SPRINGS  
OSTEOPATHIC FOUNDATION**

**John H. Drabing, D.O., Osteopathic Medical Student Scholarship Application  
(page 1 of 4)**

**2024-2025 Application – Due no later than January 24, 2025**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

U.S. Citizen: \_\_\_\_ YES: \_\_\_\_ NO

Military Status of Applicant: \_\_\_\_\_

What is your tuition \$ \_\_\_\_\_ per year?

Are you receiving full scholarship? \_\_\_\_ YES; \_\_\_\_ NO

If yes, from which organizations? \_\_\_\_\_

May we verify this information with your college? \_\_\_\_ YES; \_\_\_\_ NO

Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our Foundation's Scholarship Program? \_\_\_\_\_

\_\_\_\_\_



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**EDUCATION**

*Name of College of Osteopathic Medicine:* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Entrance: \_\_\_\_\_ GPA \_\_\_\_\_ as of \_\_\_\_\_

Current Year in Medical School: \_\_\_\_\_

I am planning a residency in the field of \_\_\_\_\_

*College or other professional schools attended:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ GPA \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ GPA \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ GPA \_\_\_\_\_



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Please include the following with your application.

- \_\_\_ Official College of Osteopathic Medicine Transcripts, Quartile Grade Point Average and Class Ranking for your first three semesters. These official documents must be mailed or emailed by your medical school registrar to CSOF.
- \_\_\_ Letter from your College of Osteopathic Medicine stating that you are in good standing—must be mailed or emailed by your medical school registrar to CSOF.
- \_\_\_ List of clubs, organizations and community service in which you belong and participate during medical school (applicant provides).
- \_\_\_ Curriculum vitae including extracurricular activities in the interim time between undergraduate and medical school (applicant provides).
- \_\_\_ Please write an essay (limited to no more than three pages, double-spaced) that addresses the following (applicant provides):

1. Briefly describe why you want to be an Osteopathic physician, your professional life and medical practice as you envision them to be ten years from now, your history of living in Colorado, why you want to return to Colorado to practice medicine, and any significant life challenges you've experienced.

I affirm that the statements on this application are true, complete and correct. The Foundation may verify the above information with my College of Osteopathic Medicine.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Submit application and all requested documents by January 24, 2025 to:

Colorado Springs Osteopathic Foundation  
P.O. Box 49577 Colorado Springs, CO 80949

For questions or additional information, please contact Doris Ralston at:

Email: DRalston@csof.org  
PHONE: 719.635.9057



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I, \_\_\_\_\_, hereby consent that the Colorado Springs Osteopathic Foundation is authorized to use my name, portrait, picture, photograph, or any reproduction of myself for promotional purposes.

I also consent to the Foundation contacting my College of Osteopathic Medicine to obtain if needed my transcripts, quartile, rank in class and Grade Point Average; as well as, in the future to verify my good standing for the 4<sup>th</sup> year of medical school.

In addition I give consent to my College of Osteopathic Medicine to release the above information to the Colorado Springs Osteopathic Foundation.

Furthermore, I also acknowledge and agree to abide by the Foundation's Withdrawal/Leave of Absence Policy if I should withdraw or take a leave of absence from medical school.

The undersigned warrants that he/she has reached the age of legal majority according to the state of Colorado.

\_\_\_\_\_  
Scholarship Applicant's Signature

\_\_\_\_\_  
Date