Medical Education Scholarship Application

Please select the scholarship fund you are applying for:

☐ Joe and Cheri Natcher Medical Education Endowment Fund

☐ Medical School Loan Forgiveness Fund

A. Applicant Information

Full Name: _____

Current Address: _____

Phone Number: _____

Email Address: _____

B. Scholarship-Specific Requirements

Joe and Cheri Natcher Medical Education Endowment Fund (Complete if applying for this fund)

☐ I confirm I earned a bachelor's degree from Western Kentucky University

Year of Graduation: _____

☐ I confirm I graduated from the UK College of Medicine – Bowling Green Campus

Year of Graduation: _____

☐ I have signed a contract to work for Med Center Health (or affiliate)

Start Date: _____

Location: _____

Position/Specialty: _____

Medical School Loan Forgiveness Fund (Complete if applying for this fund)

☐ I confirm I graduated from the UK College of Medicine – Bowling Green Campus

Year of Graduation: _____

☐ I have signed a contract to work for Med Center Health (or affiliate)

Start Date: _____

Location: _____

Position/Specialty: _____

C. Graduate Medical Education:

Residency Program: _____

Location (City/State): _____

Year of Graduation: _____

Fellowship Program: _____
(if applicable)
Location (City/State): _____

Year of Graduation: _____

D. Educational Debt Summary

Total Medical School Debt: $_____

Loan Types: Please list: Federal/Private/Institutional Loans

_____

Current Repayment Status: e.g., Income-driven repayment plan, deferment, etc.

_____

Monthly Payment Obligation: $_____

(Attach additional documentation if needed)

E. Loan Forgiveness Disclosures

I am receiving loan forgiveness repayment through my employment agreement with Med Center Health (or affiliate): ☐ Yes ☐ No

I am receiving loan forgiveness repayment through non – Med Center Health (or affiliate) sources: ☐ Yes ☐ No

If yes to either or both, please list the terms of repayment, including the amount and number of years:

_____

_____

_____

F. Personal Statement

Please attach a brief statement (1–2 pages) addressing the following:

- Your connection to the region
- Your commitment to practicing within Med Center Health
- Your career goals
- How this scholarship will impact your ability to serve patients

G. Certification

I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Please submit completed application and supporting documents to:

FoundationScholarships@mchealth.net

(application due by June 30, 2026)