

Arthur M. Miller Fund

To: Applicants

The Arthur M. Miller Fund is a fund that has been established for charitable, scientific or educational purposes. Scholarship grants can be given to worthy persons studying or practicing in medical or allied fields leading to an accredited degree programs for registered nurses and medical doctors (Osteopaths, Naturopaths, Podiatrists, Chiropractors and Optometrists are specifically excluded from the definition of medical doctors and are not eligible to apply). These funds can be utilized for tuition only. All applicants should be full-time students as defined by their educational institution. In addition, the educational institution must be located in Kansas. The number and the amount of the scholarships awarded may vary each year.

No immediate family member of the Advisory Committee or of any employee of Bank of America, N.A. is eligible for this fund. Candidates will be selected based upon financial need and general character. Selection of recipients will be made without regard to race, color, sex, religion or national origin.

Payment for tuition will be made directly to the institution for the full academic year and the grant will be allocated equally between academic semesters. If a selected applicant does not successfully complete a semester, the institution will be instructed to return to the fund the unexpended portion of the grant.

For those applicants who are enrolled in a program leading to an accredited Degree for a Registered Nurse, acceptance into the professional phase of the program must be achieved prior to consideration of a scholarship application by the Advisory Committee. It is recommended you visit with your educational institution about this requirement if you are uncertain as to your status.

All correspondence, completed applications and letters of recommendation should be directed to:

Arthur M Miller Fund
Bank of America, N.A., Trustee
TX1-609-08-05
PO Box 880259
Dallas, TX 75288-0259

All questions can be directed to:

Carlise M. Carter
Senior Trust Officer
Bank of America, N.A.
TX1-609-08-05
PO Box 880259
Dallas, TX 75283-0259
(800) 281-0658

The Advisory Committee will meet in April to select candidates. All applications and supporting documentation must be received at the above address no later than March 31, 2012. Prospective applicants must submit original and 2 copies of their application. All applications should be typed in a 12 point font size. Faxed applications will not be accepted. Incomplete applications will be returned to the potential applicant without consideration by the Selection Committee. Successful applicants will be notified via letter.

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Application

Directory Information: Please show address and phone number of where you can be reached.

Student Name: _____
(First) (Middle) (Last) (Maiden)

Student Address: _____

Student Phone: _____

Birth Date: _____

Birth Place: _____
(City, State) (Country, if applicable)

Educational Background:

High School Name: _____

Location: _____

ACT/SAT Score: _____ GPA: _____

College or University Name: _____

Location: _____

Degree: _____ Date Received: _____

GPA: _____

Extracurricular Activities and Honors Received:
(Include both School and Community)

Financial Need and Sources:

1. Applicants are requested to submit a financial statement of anticipated income and expenditures to be used for education purposes.
2. Please indicate scholarship amounts and/or other current supplemental financial assistance you are currently receiving or expecting to receive.

(Source)	(Amount)
_____	_____
_____	_____
_____	_____

3. Please submit a financial aid transcript from the university, if possible.

Employment Background:

(Please begin with most recent)

Employer: _____

Dates Employed: _____

Nature of Job: _____

Employer: _____

Dates Employed: _____

Nature of Job: _____

Employer: _____

Dates Employed: _____

Nature of Job: _____

Other Information:

Background Information:

Parent or Guardian
Name: _____

Address: _____

Telephone: _____

Father's Occupation: _____

Mother's Occupation: _____

Number of Siblings: _____

Spouse's Name: _____

Spouse's Occupation: _____

Annual Income: _____

Number of Children: _____

Fund Request:

What is the dollar amount of the tuition scholarship that you are requesting from the Arthur M Miller Fund?

If you do not receive a scholarship from this fund, how will you finance your education? Have you applied for other scholarships? Do you qualify for financial aid? If so, please include a copy of your FAFSA form with your application.

Supplemental Information Requested:

Transcript Request:

1. College Applicant – Enclose or mail one copy of transcript(s) to cover all college work completed. If necessary to mail, have transcripts forwarded to address given on cover letter.
2. Letter from college indicating acceptance into professional phase of program.

Recommendations (to be supplied with applications):

1. One general letter of recommendation from a member of the academic teaching staff.
2. Two general letters of recommendation from persons outside your current academic setting (exclude family).

<p>Note to All Applicants: Additional information or an interview may be requested if deemed necessary by Advisory Committee.</p>
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Occupational Choice and Future Educational Plans:

Write a brief statement giving your reasons for wishing to study in the area of medical or health profession. What is your career plan for the future in practicing your profession? Where do you see yourself in your profession in five years?