

The Dr. Douglas S. Skura Scholarship

PURPOSE:

The Dr. Douglas S. Skura Scholarship was created by the Medical Staff of Memorial Hospital in memory of Douglas Stephen Skura, MD. Dr. Skura was the son of a coal miner who encouraged him to pursue a university education after high school. With higher aspirations in mind, he decided to become a physician. He received his Bachelor of Medical Science and his doctorate from the University of Alberta. He completed his transitional internship at St. Thomas Hospital in Akron, Ohio and completed his Orthopedic Surgery Residency at the University of Alberta. After 18 years practicing in Pennsylvania, he and his family moved to Ohio, and he began his career at Memorial Hospital. Dr. Skura was a compassionate Memorial Health team member and devoted physician for over 15 years. He provided unwavering dedication to his patients and found great purpose in taking care of others. This scholarship was established to recognize the contributions he made to medicine and honor his legacy.

The Dr. Douglas S. Skura Scholarship is intended to defray costs of tuition, lab fees, and text books while working toward the attainment of either a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.).

ELIGIBILITY:

- Applicant must currently reside in Union County, have graduated from a high school in Union County, be employed at Memorial Hospital of Union County or be an immediate relative of an employee at Memorial Hospital of Union County.
 - Applicant must demonstrate medical school acceptance and enrollment or current enrollment in an accredited medical school toward a M.D or D.O. degree.
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DETAILS:

- Recipients will receive a scholarship at a minimum of \$1,000. The scholarship can be renewed up to three years, but applicants must re-apply every year.
 - The awarded scholarship funds will be sent directly to the school and applied to meet student academic expenses (tuition and fees).
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APPLICATION PROCESS:

- All documents should be submitted by March 1 of any year to be considered for the academic year beginning in July of that same calendar year. Incomplete applications will not be considered.
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APPLICANT IS RESPONSIBLE FOR SUBMITTING THE FOLLOWING:

- Completed application
- One-page, typed statement focusing on the following:
 - The applicant's career aspirations for medicine.
 - How the applicant intends to utilize a career in medicine in the service of others.
 - Where the applicant intends to practice medicine upon completion of schooling.
 - How the applicant stands out from others.
- Cover letter
- First year medical student enrollee- Official undergraduate transcript and proof of acceptance to medical school
- If a current medical student - Official undergraduate transcript and official medical school transcript
- One academic recommendation and one personal recommendation
- Completed and signed recommendation waiver form
- Copy of MCAT score
- FAFSA Student Aid Report (SAR) – Financial need will be a consideration in the review/award process.

PERSONAL INFORMATION

Name: _____

Permanent address: _____

Phone number: _____

Email address: _____

EDUCATION

High School from which you graduated: _____

Undergraduate Degree Information:

College/University Name: _____

Major: _____

Medical School Information:

Please check one:

- Accepted
- Currently attending – number of years completed _____

Medical School Name and Location: _____

ACADEMIC ACHIEVEMENTS/AWARDS/SCHOLARSHIPS

Please list all academic achievements/awards in addition to any scholarships awarded in College or Medical School.

EXTRACURRICULAR/CIVIC ACTIVITIES

Please list activities in which you are/were involved and include dates of involvement.

REVIEW PROCESS

Members of the Dr. Douglas S. Skura Scholarship Selection Committee will review all completed applications March through April of the application year with award announcements occurring in April. All applicants will be notified of the committee's decision. Applicants not awarded the scholarship for that academic year are encouraged to re-apply for subsequent years and be will be evaluated independently each year.

ACKNOWLEDGEMENT

By signing below, I acknowledge that:

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

Applicant's signature: _____ Date: _____

Applicant's printed name: _____

Completed application forms and other supporting documents should be emailed as a PDF file with the subject line, "Doug Skura, MD Scholarship." Please include your last name as part of the file name. Recommendation forms may be emailed directly from the evaluator, to skurascholarship@memorialohio.com with the subject line "Skura RF (Student Last Name).

The applicant is responsible for the completeness of the application and meeting the deadlines outlined in the application. Applicants are encouraged to contact the Memorial Health Foundation at (937) 578-4272 to ensure their applications are complete and the office has received transcripts, letters of recommendation, and all necessary documentation.