



Return completed application and accompanying documents to:  
**Motyka Dannin Osteopathic Educational Foundation, Inc.**  
 3200 Cold Spring Road  
 Evans Center, Suite 107  
 Indianapolis, IN 46222-1997  
**Email:** richard@inosteo.org

## Motyka Dannin Foundation Forgivable Loan Application

**Deadline:** Application and all materials must be received in the office by  
**Sunday, October 12, 2025**

I, \_\_\_\_\_ have read and understand the conditions of the Forgivable Loan Program explained in the **Motyka Dannin Foundation Forgivable Loan Guidelines**. I affirm that I plan to pursue a career in family medicine, osteopathic manipulative medicine, general internal medicine, general surgery, psychiatry, general pediatrics, or obstetrics and gynecology (OBGYN) as defined in the document. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the Forgivable Loan Program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. I affirm that all of this application is my own work or formally cited from other sources.

Date	Signature															
Legal name in full (Print/Type) Permanent residence  Your address at school (if different)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First Name</td> <td style="width: 33%;">M.I.</td> </tr> <tr> <td colspan="3">Number, Street, and Apartment Number</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Number, Street, and Apartment Number</td> </tr> <tr> <td colspan="2">City (if studying abroad, add country)</td> <td>State ZIP</td> </tr> </table>	Last Name	First Name	M.I.	Number, Street, and Apartment Number			City	State	ZIP	Number, Street, and Apartment Number			City (if studying abroad, add country)		State ZIP
Last Name	First Name	M.I.														
Number, Street, and Apartment Number																
City	State	ZIP														
Number, Street, and Apartment Number																
City (if studying abroad, add country)		State ZIP														
How is permanent residence established? (At least two must apply.)	Cell phone (    )  School telephone (if different) (    ) E-mail address _____															
<input type="checkbox"/> Home address for school registration <input type="checkbox"/> Place of registration to vote <input type="checkbox"/> Family's primary residence <input type="checkbox"/> Other:	Date of birth: _____ Age: _____															
(Check one) I am a <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. national <input type="checkbox"/> Resident alien expecting citizenship by the date of award																
Enrolled in (name of College of Osteopathic Medicine): _____																
Currently in Good Standing at COM? _____ (yes / no)																
Your undergraduate Majors _____																
Number of medical school credits earned _____	Total number of credits required for graduation _____															
Expected date (mm/dd/yyyy) to receive degree _____	Degree you will receive: _____															
Any Graduate degree(s) _____	Concentration(s) _____															

If you have more activities, work experience, and/or awards than the space allows, list only those you consider most significant. Inserts, attachments, and additional pages will not be accepted.

Name

1. List the secondary school from which you graduated, and all higher education institutions attended. Include summer, study-abroad, exchange programs and your nominating institution (up to six).

Schools

Locations

Dates Attended

2. List college and medical school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance.

College Activities

Dates

Role/Title/Etc.

Medical School Activities

Dates

Role/Title/Etc.

3. List service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance. You have space to list six.

Activities

Roles

Dates

# of Weeks  
Active

Name

4. List government activities (internships with government agencies, partisan political activities, ROTC/military, municipal boards and commissions). List student government under Item 2.

Activities	Roles	Dates	# of Weeks Active
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5. List part-time and full-time jobs and nongovernment internships since high school graduation.

Types of Work	Employers	Dates	# of Hours per Week
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6. List awards, scholarships, publications or special recognitions you have received. List in descending order of significance.

Name \_\_\_\_\_

7. Describe a recent particularly satisfying public service activity. Do not repeat an experience previously listed.

8. Describe the problem or needs of society you want to address when you become a D.O. If possible, use statistical data to define the magnitude of the problem.

9. What are the three most significant courses you have taken in preparation for your career?

10. If selected for a Motyka Dannin Foundation Forgivable Loan, would you work in the State of Indiana? If yes, where would you like to work and what health needs of that community would you like to address?

1. **Attach Response to Essay Question:** How do you use osteopathic principles in your daily life?
2. Forward **two (2) letters of recommendation** as outlined in the *Guidelines*.

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I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_