





11. If you answered "yes" to the previous question please list the sources of financial assistance and the amount of financial assistance which you will be receiving (from all sources, including those from spouse, parents or legal guardian):

Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_

12. Give name and address of the College or University where you are enrolled or have been admitted, your present major field of study, present degree(s) sought, and expected degree completion date.

School Name: \_\_\_\_\_  
School Mailing Address: \_\_\_\_\_  
Major Field of Study: \_\_\_\_\_  
Degree(s) Sought: \_\_\_\_\_  
Expected Degree Completion Date: \_\_\_\_\_

13. Have you received a degree from a College or University?

\_\_\_\_\_ Yes If Yes, give name of school, degree(s) earned and year received below.  
\_\_\_\_\_ No

School \_\_\_\_\_ Degree(s) Received \_\_\_\_\_ Year \_\_\_\_\_  
School \_\_\_\_\_ Degree(s) Received \_\_\_\_\_ Year \_\_\_\_\_

14. Have you ever been suspended from a College or University in which you were enrolled?

\_\_\_\_\_ Yes If Yes, Please explain below  
\_\_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_

15. Submit ONE of the following to the Trustee with Part "A" of your application.

**PRIOR WESTHAYSEN SCHOLARSHIP RECIPIENTS:**

Submit an official copy of your current college/university transcript.

**ALL OTHER APPLICANTS:**

If you are enrolling as a first-time freshman at a college/university, submit an official copy of your high school transcript.

OR

If you have attended, or are currently attending, a college/university, send an official transcript of all undergraduate and graduate course work completed at each college/university attended.

**IMPORTANT: PLEASE READ THE STATEMENT BELOW AND SIGN THE APPLICATION**

I affirm that the information submitted as a part of, and in support of, Part “A” of this application is complete and correct. I agree to report any changes in this information to the Trustee. I understand that if any person knowingly makes a false statement or misrepresentation in this application or in any information submitted in support of this application, any financial assistance awarded shall be subject to cancellation, and I will be liable for repayment of financial assistance received or paid for my benefit. I agree that if I am selected to receive financial assistance, I will sign the Trustee’s acceptance of scholarship form and will faithfully abide by all the terms and provisions thereof. I hereby affirm that I have been provided with a copy of the Trustee’s current Policy Statement regarding financial assistance from the Trust, and that I fully understand same, including, but not limited to, the terms and conditions of financial assistance awards and the Trustee’s right to supervise and conduct investigations regarding same.

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Signature Today’s Date

I am eligible to receive scholarship funds (ineligible person: shareholders, directors, officers, employees and affiliates of First Midwest Bank and their relatives, and members of the Trust Advisory Committee and their affiliates and relatives are not eligible for any financial assistance or any other benefits from the Trust).

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Signature Today’s Date

**PETER V. WESTHAYSEN  
MEDICAL EDUCATION TRUST SCHOLARSHIPS AND LOANS**

**POLICY STATEMENT REQUIRED BY TREASURY REGULATION 53.4945 (d)**

**The Purpose and Philosophy of the Trust**

The purpose and philosophy of the Trust is to provide financial assistance by way of scholarships and loans to serve students from the widest possible range of society. Accordingly, the trustee will notify, on an appropriate periodic basis, the scholarship and financial aid offices of those accredited colleges and universities in the State of Indiana, and in the greater Chicago metropolitan area, which conduct academic programs for which financial assistance may be awarded under the Trust, and which the Trustee otherwise deems appropriate, based upon the institution's academic standing and reputation. No other publicity of the availability of financial assistance from this Trust by the Trustee is anticipated.

The Trust is administered by the First Midwest Bank Trust Division at its offices located at 10322 Indianapolis Boulevard, Highland, Indiana 46322.

In awarding scholarships and loans, the Trustee and the Trust Advisory Committee recognize and consider two basic criteria -- scholastic ability and financial need.

Scholarships and loans are available for post-secondary undergraduate, graduate and post-graduate students pursuing a medical and/or nursing educational program at accredited colleges and universities. The purpose of the scholarships and loans are to assist the student in meeting the costs of tuition, fees, books and transportation (limited to two(2) round trips per academic year from the student's home to place of study to a maximum of Seven Hundred Dollars (\$700.00) per academic year). Financial assistance to undergraduates (particularly pre-med), could be required by the Trustee to be in the form of loans which will be forgiven upon the student's enrollment in an accredited course of study leading to a professional medical or nursing degree, but which would otherwise require repayment to the Trust.

The Trust recognizes that each student and family situation is unique, and each application is carefully reviewed by the Trustee and the Advisory Committee. In all cases, complete confidentiality is provided to persons supplying financial information to the Trust.

Because of the Trust's status as a tax-exempt organization under 501(c) (3) of the Internal Revenue Code, the Trust will be administered accordance with 4945 of the Internal Revenue Code and Treasury Regulation 53.4945-4 and other applicable provisions of law so as not to in any way jeopardize its tax-exempt status. To the extent required to maintain the Trust's status as a tax-exempt organization, the provisions of 4945-4 of the Internal Revenue Code and Treasury Regulation 53.4945-4 are incorporated herein by reference and made a part hereof.

**Eligibility Requirements**

**Citizenship.** You must be a United States Citizen, national or permanent resident. Students who have permanent resident must provide appropriate alien registration information to the Trustee. If you are a foreign student, contact the Trustee for further information regarding the proof of alien registration requirement.

**Student Status.** You must be regularly admitted to, or enrolled in, a degree-granting program of an accredited college or university which is approved by the Trustee. If you have questions regarding whether or not your college or university would be approved by the Trust, please contact the Trustee. Applicants enrolling for the first time in a college or university program must have been in the upper one-third of their high school graduating class in order to be considered. Applicants currently enrolled in a college or university must have a cumulative “B” average in order to be considered.

**Enrollment Requirements.** Generally, to receive scholarships and/or loans, students may be full-time and enrolled in at least twelve (12) credit hours per semester during the academic year, and six (6) credit hours per summer session, or quarterly equivalents at those colleges and universities on the quarter enrollment system. Exceptions to this requirement may be made by the Trustee, in the Trustee’s discretion, depending upon the circumstances of the student.

**Duration of Eligibility.** If a student meets all other conditions of eligibility, the financial assistance provided will be for and not more than one (1) academic year, with the requirement that a student reapply for each academic year to a maximum of seven (7) years.

**Financial Need.** The student’s financial need is a significant factor in making a determination as to whether financial assistance will be awarded. Financial need is determined based upon the income and net worth of the student and the student’s spouse and parents. Documentation is required to substantiate the financial situation of the student, the student’s spouse and the student’s parents.

**Scholastic Ability.** The student will be required to demonstrate, through the application process, their scholastic ability. Generally, students with high academic achievement and who have demonstrated basic achievement and motivation as required to advance his or her education in the medical or nursing field, will be given the most favorable consideration.

**Residence.** The student must be a resident of Lake County, Indiana.

**Equal Opportunity.** All students making applications for scholarships or loans will receive equal consideration without discrimination based upon race, religion, national origin, ethnic background, color, age or sex.

**Ineligible Person.** Shareholders, directors, officers, employees and affiliates of First Midwest Bank and their relatives, and the members of the Trust Advisory Committee and their affiliates and relatives are not eligible for any financial assistance or any other benefits from the Trust.

### **Terms and Conditions of Awards and Trustee’s Supervision**

In order for the Trustee to supervise awards of financial assistance, for the purpose of determining that the financial assistance is being utilized by the student in accordance with the Trustee’s policy statement, and the requirements of 4945 of the Internal Revenue Code and Treasury Regulations 53.49450-4, the student making the application must agree to the following terms and conditions of an award of financial assistance:

1. That the Student will maintain satisfactory progress in the course of study being pursued, and accordingly, the student will provide the Trustee with copies of all grade reports which the student receives and copies of notices of any disciplinary actions which may be taken against the student by the college or university in which the student is enrolled, whether for academic reason, or otherwise, and a report of the student’s academic progress from the student’s academic counselor.
2. The student must maintain a course of study in the medical or nursing field in accordance with the student’s applications, and will not change the course of study without first notifying the Trustee.

3. The student will notify the Trustee of any material change in the student's financial condition, that of the student's spouse, or the student's parents or legal guardians (including the subsequent receipt of financial assistance not known to be available to the student as of the date of the student's acceptance of financial assistance from the Trust).
4. The proceeds of the financial assistance to be awarded to the student will be paid directly to the college or university in which the student is enrolled, or otherwise to the persons or institutions which are entitled to payment as a condition to enrollment in the course of study for which the financial assistance is awarded. Prior to payment, the Trustee may require documentary proof from the student that the funds of the Trust will be paid for the purposes for which the financial assistance was awarded.
5. The student will keep the Trustee informed of the student's residence address, permanent residence address, and selective service status, and any changes in same within ten (10) days after the change.
6. The student will repay to the Trustee any portion of the financial assistance paid on behalf of the student, or refunded to the student, which has not been utilized during the course of the academic year for which the financial assistance was awarded.
7. The student will repay to the Trustee any portion of the financial assistance which was paid on behalf of the student should the student cease to be enrolled in the course of study for which the financial assistance was awarded, regardless of reason.
8. The Trustee shall have the right to terminate the financial assistance at any time that the Trustee determines that the student is in violation of any of the foregoing terms and conditions of the award of financial assistance, or if the Trustee determines that any of the information which the student has provided to the Trustee is not true.
9. The student must agree that the Trustee has the right to investigate the student's academic status, and to verify any of the information submitted as a part of the student's application, and/or submitted by the student to the Trustee in accordance with the foregoing terms and conditions. Therefore, the student will be required to give consent to the release of copies of the student's academic record by any college or university in which the student is now enrolled, or may become enrolled, to the Trustee.

Prior to the payment of the proceeds of any financial assistance which may be awarded, the student must sign an acceptance form to be provided by the Trustee, which states that the student agrees to the terms and conditions set forth above.

In some application situations the Trustee may (but is not required to) determine that a loan in lieu of an outright scholarship grant would be more appropriate to the circumstances. These circumstances would involve, typically, an undergraduate student who has an expressed desire and goal to pursue a professional medical degree, but whose current educational program is general in nature. An example of such a situation would be an undergraduate student who is pursuing a pre-medical program, but who has not applied for or been admitted to medical school. In those situations, the student may be offered a loan instead of a scholarship grant, and the student will be required to sign promissory note payable to the Trustee, providing for the accrual of interest at the rate of two and one-half percent (2.5%) per annum, with deferred principal and interest payments, which note will be payable only in the event that the student fails to successfully continue a medical or nursing educational program. The loan would be forgiven at such time as the Trustee is satisfied that the student is likely to complete a course of education for which the Trust was intended.

## How To Apply For Scholarships or Loans

### The Selection Process

Applications for scholarships and loans will be made by the submission of the applications **Part A** to First Midwest Bank, as Trustee, of the Peter V. Westhaysen Medical Education Trust, First Midwest Bank, Trust Division, 10322 Indianapolis Boulevard, Highland, Indiana 46322, (219) 853-3534, and the submission of **Part B** of the applications to the Office of Financial Aid at the school to be attended by the student. The student will also be required to submit to such Financial Aid Office any and all information which is required in order for the Financial Aid Office to make the financial need recommendation to the Trust on Part B.II. of the Application. To insure a determination on the applications prior to the beginning of the academic year for which financial assistance is sought, a complete application must be received by the Trustee on or before the stated deadline. Other applications may be considered in due course. All applications must be submitted with the application, and the application must be signed. Incomplete or unsigned applications or applications submitted with inadequate information may be declined by the Trustee or returned to the applicant with a request for resubmission. The Trustee and the Trust Advisory Committee reserves the right to request such other additional information as is deems advisable in order to assist the Trustee and the Advisory Committee in making its determination, provided, however, that any such additional information shall be used in an objective and non-discriminatory manner in the selection process.

The selection process will be conducted by the Trustee and/or the Trust Advisory Committee on an objective and non-discriminatory basis utilizing the information provided by the student in the application, along with the recommendation of the Office of Financial Aid of the student's school. The Trustee and/or the Advisory Committee may request an interview with any applicant. The selection process will be conducted in accordance with the purpose and philosophy of the Trust and with in the parameters of the eligibility requirements set forth in this policy statement. Financial assistance will be awarded by the Trustee, taking into consideration the consensus of the Advisory Committee. When a determination has been made to award financial assistance to an applicant, the applicant will be notified in person and the applicant will be requested to sign the Trustee's acceptance form, which will set forth other terms and conditions of the award as set forth above. If the financial assistance is in the form of a loan, the Trustee will attach a letter of agreement to the acceptance form to be signed by the applicant setting forth the specific terms and conditions of the loan, including, but not limited to, the amount of the loan, the maturity of the loan, the interest rate, and the method of repayment. The applicant will be required to sign and return the acceptance form and letter attachments (if applicable) within fifteen (15) days after its receipt by the applicant. In the event that the applicant fails to sign the acceptance form and/or the letter attachments (if applicable) within said time period, (as may be extended by the Trustee in its sole discretion considering all relevant circumstances), the financial assistance will not be awarded to the student.

FIRST MIDWEST BANK AS TRUSTEE OF  
THE PETER V. WESTHAYSEN MEDICAL  
EDUCATION TRUST

(Revised effective as of January, 2007)

Part "B"

SCHOOL RECOMMENDATION FORM
PETER V. WESTHAYSEN MEDICAL EDUCATION TRUST
Application Deadline: June 15, 2008

PART I: TO BE COMPLETED BY THE STUDENT:

I hereby authorize the Financial Aid Office at \_\_\_\_\_ to release to the Trustees of the Peter V. Westhaysen Medical Education Trust all information requested on this form for the 2008-2009 Academic Year.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Student's Name (Print): \_\_\_\_\_ Student ID # \_\_\_\_\_
Student's Social Security Number: \_\_\_\_\_
Summer Phone # \_\_\_\_\_ Cell/other phone # \_\_\_\_\_

PART II: TO BE COMPLETED BY THE COLLEGE/UNIVERSITY FINANCIAL AID OFFICE

- 1. Is the student admitted to or enrolled in a Medical or Nursing degree program? YES NO
2. Is the student a prior Westhaysen Scholarship recipient? YES NO If Yes, what year(s)
3. Has the student applied for need-based financial aid for the 2008-2009 Academic Year? YES NO

If NO, sign and return this form to the Trustee without further action.

- 4. The student's estimated costs for the items below are as follows:
Tuition and Fees: \$
Books: \$
Transportation: \$

Are these figures based on full-time or part-time enrollment? (check one)

- 5. What is the documented financial need for the student using the Federal Methodology? \$
6. Will the student receive any aid designated for tuition and fees only? (check one) YES NO

Source: Amount: \$
Source: Amount: \$

- 7. Provide information regarding any extenuating circumstances in the space below.
\_\_\_\_\_
\_\_\_\_\_

Signature of Financial Aid Officer: Date:
College/University: Phone:
Address: Fax:

Return this Scholarship Recommendation Form by June 15, 2008 to:
Peter V. Westhaysen Medical Education Trust
First Midwest Bank Trust Division
10322 Indianapolis Boulevard
Highland, IN 46322
(219) 853-3534 Fax: (219) 853-3530



**PETER V. WESTHAYSEN, M.D.**  
**MEDICAL EDUCATIONAL TRUST**

Dr. Westhaysen was a native of the Republic of South Africa of Dutch descent. He came to Northwest Indiana in the post-World War II years and practiced neurological surgery here for over thirty-five (35) years, passing away on July 7, 1985. His wife Helen predeceased him by nineteen years. They had no children.

Always deeply committed to the quality of local medical care, Dr. Westhaysen left the bulk of his estate in trust to provide scholarships for students studying nursing or attending medical school. Applicants must be residents of Lake County, Indiana.

A five person Selection Committee and First Midwest Bank's Trust Division select awardees based on demonstrated ability and financial need.

