Occasionally, an individual comes along who makes us sit up and take notice. He’s a leader; a visionary; someone who inspires us; someone we want to follow. Ron Roberts was such an individual. Whether you were his classmate, teammate, fraternity brother, neighbor, teacher, professional colleague or just a good friend, Ron brought out the best in you . . . by displaying the best of himself. His personality was unique; he had a keen sense of humor, a quick wit and a nickname for almost everyone he knew. His spirit was contagious; it infected all those with whom he had contact. He was an athlete, music lover, disc jockey, comedian, philosopher and ardent I.U. basketball fan.

Most importantly to many, Dr. Roberts was also a skilled physician and medical scholar. During his undergraduate and graduate years, Ron labored at many jobs, from newsboy to high school teacher, to finance his education. He worked tirelessly to fulfill his dream of becoming a doctor. And he succeeded. He achieved board certifications in Internal Medicine, Pulmonary Medicine and Intensive Care Medicine. He treated patients with dignity and respect, and his sense of humor and honesty were valued by his patients, many of whom had debilitating illnesses. His untimely death at age 46 in October, 1991, was a tragedy for his family, friends and the local medical community.

In memory of this family man and loyal friend, a scholarship fund to honor and perpetuate his memory was established in December 1991. The fund is designed to provide financial aid to medical students who demonstrate both financial need and academic success. Prior to his death, his wife discussed
creation of such a fund with Dr. Roberts, and the criteria for awarding the annual award are based in large part on the thoughts Dr. Roberts expressed during those discussions. Those criteria include:

- The recipient must demonstrate financial need.
- The recipient must reside or have resided in southern Indiana, with preference given to residents of Bartholomew, Monroe and contiguous counties.
- Students attending any medical school may apply, but preference will be given to students attending the Indiana University School of Medicine.
- No preference will be given based on race, religion, sex, age or national origin.

The recipient of the annual award will be selected by the members of the Board of Directors of the Ronald D. Roberts, M.D. Memorial Scholarship Fund. Their decision will be based on (1) evaluation of a candidate’s completed application and (2) a personal interview with Board members. The amount of the award varies annually based on the investment performance of the Scholarship Fund and will be sent directly to the recipient’s medical school, one-half at the beginning of the first semester and one-half at the beginning of the second.

The Ronald D. Roberts, M.D. Memorial Scholarship Fund is managed by the Columbus Regional Health Foundation. Questions about the Foundation or the Roberts Scholarship Fund may be directed to:

Columbus Regional Health Foundation
2400 E 17th St
Columbus IN 47201-5351

Telephone: 812-376-5100
Ron Roberts Memorial Fund
Scholarship Grant Application

Name: ____________________________ Date: ______________

Home Address:
Street: ____________________________
City: ____________________________ State: ______ Zip: ______
Preferred Telephone: ______________ Email Address: ____________________

School Address:
Street: ____________________________
City: ____________________________ State: ______ Zip: ______
Preferred Telephone: ______________ Email Address: ____________________

Birth Date: ___________ Age: ___________ Sex: ___________________
Marital Status: ________________ Spouse’s Name: _______________________
Legal Dependents: Number: ___________ Ages: _________________________

Education
High School:
Name: ____________________________ City: ____________________________ State: _____
Year of Graduation or GED: ________ GPA: _______ on a scale of ________

Undergraduate:
Name: ____________________________ City: ____________________________ State: _____
Years of Attendance: _____ to _____ Year of Graduation: _______
Degree: ___________________________ GPA: _______ on a scale of _______
Name: ____________________________ City: ____________________________ State: _____
Years of Attendance: _____ to _____ Year of Graduation: _______
Degree: ___________________________ GPA: _______ on a scale of _______

Graduate:
Name: ____________________________ City: ____________________________ State: _____
Years of Attendance: _____ to _____ Year of Graduation: _______
Degree: ___________________________ GPA: _______ on a scale of _______
Name: ____________________________ City: ____________________________ State: _____
Years of Attendance: _____ to _____ Year of Graduation: _______
Degree: ___________________________ GPA: _______ on a scale of _______

Medical School:
Name: ____________________________ City: ____________________________ State: _____
Years of Attendance: _____ to _____ Anticipated Year of Graduation: _______
Personal Finances

Estimated Medical School Costs for One Year:

Tuition: __________________ Books & Fees: ______________ Room & Board: ______________

Personal Expenses: ______________ Other Expenses: ______________ Total: ______________

Name & amount of other scholarships, grants or awards that you have received for post-high school education:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Total Undergraduate Debt: ______________ Total Graduate (non-Medical School) Debt: ______________

Anticipated Medical School Debt to Graduation: ____________________________

Work Experience

Please list work experience chronologically, beginning with your most recent employment:

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<th>Employer/Business</th>
<th>City/State</th>
<th>Position/Title/Type of Work</th>
<th>Salary</th>
<th>Dates Employed</th>
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Volunteer Work and Community Service

Please list volunteer work and community service, beginning with your most recent work/service:

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<th>City/State</th>
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Personal Essay

Personal financial need is an important criterion in awarding the Ron Roberts Memorial Scholarship. Please state why you feel you qualify for this scholarship grant and discuss your vision for your career in medicine. The Ron Roberts Memorial Scholarship Fund Board will consider this statement carefully. Candidates are often so closely qualified that your essay may play a significant role in the Board’s decision. You may write your essay in the space below or include it as an attachment. Although it is not required, you may also attach a curriculum vitae or personal resume.

The Board recognizes and encourages your efforts in your medical education. Ron Roberts, MD struggled to pay for his education through medical school and often expressed his wish to help other medical students in need. Upon his death, family, friends and colleagues created this Memorial Scholarship Fund to honor him and carry out his wish.

The Board will consider all applications and select the most appropriate candidate. All applicants will be notified of the Board’s decision. Thank you for applying.

Please send applications no later than May 1st, 2021 to Cheryl Rothbart at crothbart@crh.org