



The Hosler Foundation and Scholarship Fund

TV-AC Science Study Enrichment Fund

Jeffrey Hurt, District Coordinator

Leo J. Hall, Trustee

Dr. Ralph Hosler

Dr. Ralph Hosler, M.D. (1889-1978) graduated from Amanda H.S. in 1907, entered the School of Pharmacy at Starling Ohio Medical College, then went to Ohio State's School of Medicine where he graduated.

He practiced medicine in West Salem for five years before entering the U.S. Army during World War I. Following service as a medic in France, he located his practice in Ashville, OH, in 1919. He retired after 60 years as a physician.

Dr. Hosler was the first health commissioner for Pickaway County.

The Hosler Foundation

Upon his death in 1978, much of Dr. Hosler's estate was placed in The Hosler Foundation to finance medical scholarships for graduates of Teays Valley and Amanda-Clearcreek High Schools, two districts where he held close ties throughout his life.

Hosler Foundation Medical Scholarship

Application Criteria for Hosler Scholars::

- Minimum GPA of 3.5 on 4.0 scale
- Rank in top 10% of class
- ACT Scores:
 - Minimum 28 composite
 - Math 29
 - Science 29
- SAT Score: minimum 1200
- 3.75 GPA in all transcribed high school math and science courses
- Mental ability
- Individual desire
- Must reside in the Teays Valley school district during grades 10-12
- Must graduate from Teays Valley High School
- First year undergraduate students in good academic standing will be funded on a reimbursement basis upon receipt of transcripts.
- The Hosler Scholar must have a minimum GPA of 3.5 in a pre-med curriculum and be on track to graduate in order to qualify for reimbursement.

Please contact Jeff Hurt to apply or inquire about the Ralph S. Hosler Medical Scholarship Program: (740) 988-5089 or jhurt@tvsd.us

DOCTOR R. S. HOSLER MEMORIAL EDUCATIONAL FUND
APPLICATION FOR SCHOLARSHIP FUNDING

APPLICANT'S INFORMATION:

Name: _____ Phone Number: _____

Address: _____

Social Security Number: _____ E-Mail Address: _____

Father's Name: _____ Phone Number: _____

Father's Address: _____

Father's Occupation: _____

Mother's Name: _____ Phone Number: _____

Mother's Address: _____

Mother's Occupation: _____

If Applicant has graduated from high school, name the school and year of graduation:

If Applicant has not graduated from high school, name the school attending and projected date of graduation:

Schools attended by Applicant:

Tenth Grade: _____

Eleventh Grade: _____

Twelfth Grade: _____

List all universities, colleges, technical schools, etc. attended. Include dates attended and course of study. Attach transcripts for all school terms from tenth grade to present.

List any employment maintained by Applicant during the last three years. Describe duties and state the approximate number of hours worked per week:

Applicant affirms that he is not related by blood or marriage to Ralph S. Hosler or any member of the law firm of MARGULIS, GUSSLER, HALL AND HOSTERMAN, Ashville, Ohio.

Applicant understands that funds expended for applicant are in furtherance of the purpose of the Hosler Trust, to wit, the education of medical doctors. Accordingly, all funds expended shall be considered a loan until such time as Applicant has completed one year in good standing at an accredited graduate medical school, at which time Applicant's obligation to repay funds formally loaned shall be extinguished. Advances for students whose medical education terminates prior to the completion of the first year of medical school shall be repaid, together with six percent interest, over a period of years, not to exceed ten, agreed upon by the Trustee and the Applicant.

Applicant

Date: _____