

# Agnes and Dorothy M. Marschner

*Medical Education for Mission Service*



**Dedication** *In loving memory of Agnes Vetter Marschner and Dorothy M. Marschner, for the specific purpose of providing for the medical education of a Presbyterian female who is a citizen of the United States and who will agree to serve in the medical mission field in the capacity of a medical physician for at least two (2) years.*

## Introduction

The Dorothy M. Marschner fund for medical education is used to make mission service possible by relieving female Presbyterian physicians of the burden of repaying student loans while engaged in mission service. Applicants are eligible for up to \$35,000 per year of loan repayment assistance, paid directly to the student loan servicer quarterly after verification of the applicant's continuing employment as a practicing physician in the mission field.

The total lifetime benefit a single applicant may receive from the Marschner fund is \$70,000.

In addition to mission work under the direction of, or in participation with the Presbyterian Church (U.S.A.), eligible service might include service with a medical humanitarian organization, or service in a Health Professional Shortage Area. The Marschner fund will provide assistance to one to two doctors per year. Applicants must be recommended by their Pastor or Clerk of Session, and must express a commitment to mission service in their essay.

## Eligibility Requirements

Eligible applicant will be a female member of the Presbyterian Church (U.S.A.) who is:

- Licensed to practice medicine.
- Engaged in service in the capacity of a physician in a medical mission field.
- With educational debt in excess of the amount awarded.
- A U.S. citizen.

## Preferences

- Mission work under the direction of, or in partnership with the Presbyterian Church (U.S.A.).
- Applicants with educational debt in excess of \$100,000

## Mailing Address/Contact Information

Financial Aid for Service  
100 Witherspoon Street  
Louisville, KY 40202  
Toll Free: 800-728-7228 ext. 5224  
Fax: 502-569-8766  
Email: [finaid@pcusa.org](mailto:finaid@pcusa.org)

**Financial Aid** PROMOTING  
FOR SERVICE EDUCATION FOR  
A LIFETIME OF  
DISCIPLESHIP

# Agnes and Dorothy M. Marschner

## Medical Education for Mission Service

### Organizing Your Application

There are elements of information that we need in Financial Aid for Service to keep your application organized and to provide you with information about your progress to completion of the application. Please complete the Getting Started section as soon as possible and send that to us by mail, fax, or email. Applicants that provide an email address are updated weekly with the status of their application. The essay and CV may be sent in as they are completed by you. You will need to give the Church Membership form to your pastor or clerk of session to complete and return to us.

### Our Process

Awarded on a first come, first served basis to applicants in mission service with the Presbyterian Church (U.S.A.) with educational debt in excess of \$100,000. All other applicants evaluated quarterly.

Students will be notified of selection, and if selected, will be awarded up to \$35,000 per year.

### Contact



Laura A. Bryan, Coordinator  
Financial Aid for Service

Presbyterian Church (U.S.A.)  
100 Witherspoon Street  
Louisville, KY 40202  
[finaid@pcusa.org](mailto:finaid@pcusa.org)  
Toll Free 800-728-7228 ext 5735  
Fax: 502-569-8766

Visit Us on the Web  
[www.pcusa.org/financialaid](http://www.pcusa.org/financialaid)

### Getting Started

<hr/>		
<b>Name</b>	<b>SSN</b>	
<hr/>		
<b>Address</b>		
<hr/>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<hr/>		
<b>Phone (Day)</b>	<b>Email</b>	
<hr/>		
<b>Home Church</b>	<b>City</b>	<b>State</b>

### Information about Your Mission

<hr/>	
<b>Mission Agency</b>	<b>Country</b>
<hr/>	
<b>Field of Medicine</b>	<b>Term of Service</b>
<hr/>	
<b>Reporting Official Name</b>	<b>Phone</b>
<hr/>	
<b>Email</b>	<b>Fax</b>

### Information about Your Student Loan(s)

If you have consolidated and are unable to separate debt by program, use the column that corresponds to the last degree earned.

<b>Loan</b>	<b>Undergrad</b>	<b>Graduate</b>	<b>Post Graduate</b>
<b>Federal</b>			
<b>Private</b>			
<b>Total</b>			

Educational debt is verified by credit report. PCUSA requests a credit report for all complete applicants.

### Attachments:

- Most recent statement from student loan servicing agent.
- Essay (*Read 1 Cor. 12: 4-7. Define "common good" in your own words. What is a gift that you have been given for the common good? How do you use your gift serving the common good?*)
- Curriculum Vitae
- License to practice medicine
- Church Membership/Pastor's Endorsement



# Agnes and Dorothy M. Marschner

Medical Education for Mission Service

## Church Membership

Applicant Name

### To Be Completed by Pastor or Clerk of Session

If the applicant is related to the pastor, another church officer should complete the endorsement.

The person named above is applying for a grant from the Dorothy M. Marschner fund for the medical education of Presbyterian women who are committed to serving at least two years in the mission field as a practicing physician. In order to be considered for award the applicant must respond to an essay question and seek a recommendation from the pastor or clerk of session at the church they have attended.

We invite you to engage with the applicant in their discernment of a call to medical mission. The essay question is: **What does it mean to be gifted by God and called by God to a life of service?**

**Applicants are instructed to read 1 Cor. 12: 4-7. Define "common good" in your own words. What is a gift that you have been given for the common good? How do you use your gift serving the common good?**

We ask that the endorser comment on the gifts that been observed in the applicant and the impact the applicant has had on the community. (Please respond in the space below, or attach a letter)

**The above named applicant is a member, participating in the life of the community named below.**

Endorsed by:

Signature

Date

Printed Name

Title

Church/Worshipping Community

Presbytery

Phone Number (Day)

Email

### Mailing Address/Contact Information

Presbyterian Church (U.S.A.)  
Financial Aid for Service/Marschner  
100 Witherspoon St.  
Louisville, KY 40202-1396

Financial Aid for Service  
Toll free: 800-728-7228 ext. 5224  
Email: [finaid@pcusa.org](mailto:finaid@pcusa.org)



# Agnes and Dorothy M. Marschner

Medical Education for Mission Service

## Mission Agency

### Applicant Name

### To Be Completed by Representative of Mission Agency

The person named above is applying for a grant from the Dorothy M. Marschner fund for the medical education of Presbyterian women who are committed to serving at least two years in the mission field as a practicing physician. In order to be considered for award the applicant must respond to an essay question and seek a recommendation from the pastor or clerk of session at the Presbyterian Church (U.S.A.) congregation of membership.

### Dedication

*In loving memory of Agnes Vetter Marschner and Dorothy M. Marschner, for the specific purpose of providing for the medical education of a Presbyterian female who is a citizen of the United States and who will agree to serve in the medical mission field in the capacity of a medical physician for at least two (2) years.*

Preference in this program is reserved to physician's requesting debt assistance who are engaged in mission service at the direction of, or in partnership with, the Presbyterian Church (U.S.A.), other medical humanitarian aid organizations, and lastly, for physicians serving in a Health Professional Shortage Area.

To complete the application, there is information we require from the mission agency or practice the applicant plans to serve to determine if the service meets the donor's intent. We also request the designation of a reporting official who will be able to respond to requests to confirm that the applicant is serving in the capacity of a medical physician.

Mission Agency

Country

Field of Medicine

Term of Service

Reporting Official Name

Phone

Email

Fax

Mailing Address

Location of Practice

### Type of Organization:

Humanitarian Medical  HPSA

Affiliated with the Presbyterian Church (U.S.A.)?  Yes  No  Other: \_\_\_\_\_

### Briefly describe the organization's mission:

**Who do you serve? Tell us about your client populations and their needs.**

**Describe the applicant/physician's responsibilities (or attach a Position Description):**

**What impact does this position have on the needs of the clients/community that the organization serves?**

**Is the applicant receiving assistance with educational debt from your organization?**  Yes  No

**If yes, please provide a summary of the benefits that the applicant received from your organization to reduce educational debt.**

**Mailing Address/Contact Information**

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