

Dr. Joseph Bell Endowed Scholarship

When Dr. Joseph Bell graduated from UNC Chapel Hill's School of Medicine in 1986, he became the **first Lumbee pediatrician and the first American Indian pediatrician in North Carolina**. For more than 35 years, Dr. Bell has cared for children in Pembroke and beyond. In addition to his clinic, Children's Health of Pembroke, he served as the pediatrician at the Catawba Indian Health Service Unit for 25 years, and worked at the Carl Albert Indian Hospital, Choctaw Nation Indian Hospital, and Robeson Health Care Corporation.

His advocacy for Native Children brought him to serve on various committees including the American Academy of Pediatrics' Committee on Native American Child Health, the N.C. Pediatric Society, former President of the Association of American Indian Physicians, and the N.C. American Indian Health Board.

Dr. Bell also served as a mentor and supporter of UNC's Medical Education Development (MED) Program, which he graduated from prior to entering medical school. The MED Program is designed to increase opportunities in the health professions for individuals who demonstrate educational promise and commitment to a health career but who have lacked opportunities in the past in moving toward their professional goals.

In honor of Dr. Bell's groundbreaking career and ongoing commitment to the health of Native children in North Carolina, we would like to establish a scholarship for medical students who identify as American Indian and are interested in pursing a career in pediatrics.

In 2023, resident tuition and fees for one year of medical school at UNC exceeded \$35,000, with non-resident tuition and fees totaling more than \$62,000 annually. Scholarships at UNC School of Medicine ease the burden of debt for our students, providing them the freedom to thrive as students and pursue careers reflecting their passions in medicine.

To establish the Dr. Joseph Bell Endowed Scholarship fund, we need 10 individuals to contribute at least \$5,000 each.

Gifts can either be made in-full, this year, or in smaller payments over five years.

Once established, the Dr. Joseph Bell Endowed Scholarship Fund will then be open to anyone interested in giving a gift, at any amount, in honor of his outstanding service and career.

Lumbee Tribal Chairman, John Lowery, presented Dr. Bell with a proclamation and beaded Eagle feather for his deep commitment to the health of Native Children.





Pledge Form

| Donor Name | | | | |
|------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|-------------|--|
| Street Name | City | State | Zip | |
| Phone (home) | Phone (other) | Phone (other) | | |
| <i>G</i> | Gift Commitment ——— | | | |
| I promise to give \$ | to the UNC Health | to the UNC Health Foundation | | |
| on behalf of | | <u></u> . | | |
| | Purpose of Gift | | | |
| Amount \$ Designated For: | | | | |
| Amount \$ Designated where the | need is greatest. | | | |
| ☐ Check enclosed for the amount of \$ ☐ Please auto-draft my bank account. (Attach | | C Health Foundation) | | |
| Please charge my credit card for the amount form to this document).Other: | | (Attach credit card | information | |
| | Payment Schedule | | | |
| Total Commitment \$ | equal monthly payment | ts of | · | |
| Initial Gift \$ | equal annual payments | of | · | |
| Balance Due \$ | Other payment schedule atta | ached. | | |
| First Payment Due | | | | |
| | Recognition | | | |
| I would like my spouse to receive recognition | | | | |
| Please list my/our names as follows: | | | | |
| ☐ I/we would like to remain anonymous. | | | | |



Donor

Private Foundations and Donor Advised Funds IRS regulations prohibit a private foundation or a donor advised fund from making a gift toward the personal pledge of an individual. If you have a private foundation or donor advised fund and may make one or more gifts toward this commitment from it, please indicate below. A pledge can be made from a private foundation but the commitment form needs to be signed by an official of the foundation. Gifts from individuals can be made to the pledge of a foundation, but not vice versa. Yes, I/we have a private foundation. _______ Administrator: ______ Foundation Name: _____ Yes, I/we have a donor advised fund. Fund Name: _____ Administrator: _____ **Corporate Matching Gifts** If you work for a company that has a matching gift program, you may be eligible to have your personal gift matched. Corporate matching gift programs are contributions from the corporation, and you will receive recognition credit for the amount of each matching gift received. Corporate matching gifts cannot be included in the amount of your personal pledge commitment to the UNC Health Foundation and cannot reduce your personal pledge. ☐ I/we work for a company with a matching gift program: Company Name: By signing below, I confirm the details of my commitment to UNC Health Foundation and authorize the payment of such commitment as noted above.

Date