



Medical Scholarship Fund



OF THE MONROE COUNTY MEDICAL SOCIETY
The Park at Allens Creek / 132 Allens Creek Road / Rochester, NY 14618 / 585 473-7573

INTRODUCTION

The Medical Scholarship Fund of the Monroe County Medical Society is a non-profit organization that may have funds available for annual scholarships for medical students. The Scholarship Fund is managed by a volunteer Committee. Provided there are adequate funds available and qualified applicants, the Committee usually awards one (1) new scholarship each year.

SELECTION CRITERIA

Students must demonstrate financial need, scholastic ability, and be admitted to an accredited medical school in the United States (or) Canada. Priority for student selection will include, but not be limited to, the following considerations (1 having the highest priority):

1. Students from the Rochester (NY) area who attend the University of Rochester School of Medicine,
2. Students from the Rochester (NY) area who attend other accredited medical schools in the United States (or) Canada, and
3. Students from outside the Rochester (NY) area who attend the University of Rochester School of Medicine

SCHOLARSHIP RECIPIENTS

Scholarship students are usually, but not always, selected from the entering (freshman) class. Usually, one student is chosen each academic year. **Scholarship** aid is continued for the student's four (4) years of medical school, provided funds are available and academic performance is satisfactory. Scholarship amounts vary from year to year, and no repayment is required.

APPLICATION

The aim of this confidential application is to give a clear and succinct summary of the financial and academic circumstances of the student in order that equitable decisions may be made for the use of the limited funds available. Please add any information that will aid the Committee in understanding your needs and resources. Although many medical students are financially independent, please include your parent's financial information. This additional information assists the Committee in making a determination between otherwise equally qualified students. Absence of such information may be grounds for disqualifying an application. Scholarships may affect the financial aid package offered to the student from the medical school they attend. Students are encouraged to check their medical school's policy on outside aid. The Medical Scholarship Fund is not responsible for a reduction of financial aid from the student's medical school as a result of the receipt of a scholarship. Scholarships may be revoked if a student changes academic programs, takes a leave of absence, or transfers to another medical school. By signing and submitting this application, each applicant waives his or her rights to any possible claim against the Medical Scholarship Fund or the Monroe County Medical Society in regard to any scholarship awarded.

The application and supporting documents must be received by **JUNE 1st** of the year of medical school matriculation to Laurie Phillips at 585-473-4072 or lphillips@mcms.org. Students will be informed by mid-July of the Committee's decision.

If you have any questions, please call Laurie Phillips at 585-473-4072 or lphillips@mcms.org



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SCHOLARSHIP APPLICATION

GENERAL INFORMATION

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Current Telephone #: _____ Email Address: _____

Marital Status: (check one) Single Married Dependents: (check one) Yes No If yes, now many _____

Citizen of USA: (check one) Yes No If NO, are you a permanent resident: (check one) Yes No

EDUCATIONAL INFORMATION

Undergraduate Education

1. Please list all Colleges and Universities attended, degrees awarded or anticipated, and appropriate dates:

College/University: _____

Dates Attended: _____ Degree / Date: _____

College/University: _____

Dates Attended: _____ Degree / Date: _____

2. Please list all honors and awards achieved while an undergraduate:

Please forward your most recent undergraduate Dean's or Pre-Medical Advisor's Letter along with this application.

Medical School Education

1. Medical School (Currently planning to attend): _____

2. Medical School (Waitlisted you may attend): _____

3. Anticipated Graduation Year – Class of: _____

PARENTAL/SIBLING INFORMATION

Please provide the following information about your parents and siblings. Include an address and phone number that will allow us to contact you if your own address and/or phone number is unknown for the summer months.

General Parental Information

Father's Name: _____ Telephone Number: _____

Address: _____

Employer: _____ Position: _____

Mother's Name: _____ Telephone Number: _____

Address: _____

Employer: _____ Position: _____

Parental Financial Statement

	<u>Last Year</u>	<u>Est. this Year</u>
Salaries <i>(combined parents' gross income)</i> :	\$ _____	\$ _____
Other Income <i>(dividends, interest, etc.)</i> :	\$ _____	\$ _____
TOTAL INCOME:	\$ _____	\$ _____

ASSETS

<u>Type of Asset</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

LIABILITIES

<u>Type of Liability</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Sibling Information

<u>Age</u>	<u>School Attending</u>	<u>Educational Expense</u>	<u>Parental Contribution</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Additional Family Information

Please specify any special circumstances, major expenditures, or other possible resources. Attach additional sheet if necessary.

APPLICANT FINANCIAL INFORMATION

	<u>Last Year</u>	<u>Est. this Year</u>
Salaries (combined applicant & spouse, if applicable, gross income):	\$ _____	\$ _____
Other Income (dividends, interest, etc.):	\$ _____	\$ _____
TOTAL INCOME:	\$ _____	\$ _____

Please list assets and liabilities below. DO NOT list student loans you are responsible for here. See separate section below for loans.

ASSETS

<u>Type of Asset</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

LIABILITIES

<u>Type of Liability</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Spouse's Employer (if applicable): _____ **Position:** _____
 (Note: Be sure to indicate spouse's income with information above under salaries.)

Loan Information

(Include only loans you are responsible for)

<u>Source</u>	<u>Orig.</u>	<u>Amount</u>	<u>Due Date</u>	<u>Balance Due</u>
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
TOTAL LOANS:				_____

PROPOSED BUDGET FOR NEXT ACADEMIC YEAR

Please estimate your total expenses for the next academic year. Also, realistically estimate your total resources including your savings, income, other scholarships and loans, parental and/or spousal contributions.

Total Estimated Expenses: \$ _____	Total Resources:		
	Medical School Grants	\$ _____	check if unknown <input type="checkbox"/>
	Medical School Loans	\$ _____	check if unknown <input type="checkbox"/>
	Other scholarships	\$ _____	
	Savings	\$ _____	
	Income	\$ _____	
	Parental/Family contribution	\$ _____	
	Spousal contribution	\$ _____	
	TOTAL RESOURCES	\$ _____	

Assistance Required: \$ _____

PERSONAL STATEMENT

Please attach a personal statement about yourself to this application. **Failure to include the personal statement will disqualify you from consideration for a scholarship.** Applicants in the past have included unique information about themselves, their family or their past; reasons for wanting to go into the medical profession; experiences they have had; or, what they envision their career to be like in the future, to name a few. These are only examples. Any information that you think will be helpful to the Committee should be included.

APPLICATION SUBMISSION INFORMATION/SIGNATURE

SUBMISSION INSTRUCTIONS: The deadline for submitting applications and all supporting documentation is **JUNE 1st** of the year of medical school matriculation. Failure to meet the deadline will disqualify you from consideration for a scholarship.

Please submit your application, including attachments, electronically to lphillips@mcms.org. **All submissions must be emailed by June 1st.** If you have any questions, contact Laurie Phillips at lphillips@mcms.org or (585) 473-4072.

Below is a convenient checklist to ensure that the application is complete:

- Completed Application by June 1st
- Signature on Application
- Dean's or Advisor's Letter by June 1st
- Personal Statement (emailed with application)

ATTESTATION: I represent that to the best of my knowledge and belief, all statements and answers made on this application are true, complete and accurate. Furthermore, **by typing in my name on the signature line below**, I hereby waive and release the Monroe County Medical Society Scholarship Fund and the Monroe County Medical Society from all claims, damages and awards, and future possible claims, I or my heirs and/or assigns may have against the Medical Scholarship Fund or the Monroe County Medical Society, and their successors and assigns.

Signature: _____ Date: _____

Email Address: _____