



Medical Scholarship Fund



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

JOHN J. MORTON, MD AND JOHN H. MORTON, MD MEMORIAL SCHOLARSHIP

DONOR INFORMATION

Mrs. Ruth Irland Morton and family members created this scholarship at Rochester Area Community Foundation (RACF) to recognize the accomplishments of her husband, Dr. John H. Morton and his father, Dr. John J. Morton. Dr. John J. Morton was the first Chairman of Surgery at the new University of Rochester (U of R) Medical School when it was founded about 1925. Following in his father's footsteps, Dr. John H. Morton was known for his kind, skillful, and conscientious service to surgical patients, medical students, and the medical profession. In his role as surgeon at Strong Memorial Hospital, Dr. John H. Morton cared for a broad range of patients with an emphasis on management of trauma and burns. Years later he would become the Director of the Emergency Department at Strong Memorial Hospital. He also spent many years in developing licensing exams, and he enjoyed teaching students at all levels. Dr. John H. Morton was president of the Monroe County Medical Society when the Medical Scholarship Committee was first established.

PURPOSE OF SCHOLARSHIP

To provide a loan repayment award to a U of R Medical School graduate who have been matched to a surgical or surgical sub-specialty residency and plans to focus on patient care.

NUMBER AND SIZE OF AWARDS: It is expected, but not guaranteed, that the minimum award will be \$10,000. More than one recipient may be selected depending on available funds, number of eligible students applying for the award, and loan repayment amounts.

ALLOWED USE OF AWARD: The award must be applied toward repayment of medical school loans held by recognized lending institutions such as federally insured banks and credit unions.

ELIGIBILITY CRITERIA: Graduating U of R Medical School students who have matched in a surgical or surgical sub-specialty residency; plan to focus on patient care rather than clinical research, administration or other medical pursuits; are committed to community service; and financial need based on loan indebtedness.

APPLICATION: The aim of this confidential application is to give a clear and succinct summary of the financial 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 and spouse's, if applicable, 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 the application. The completed, signed application and all supporting documentation must be received at the Monroe County Medical Society by **June 1st** of the year the student is graduating from medical school. Failure to do so may be grounds for disqualifying the application. A convenient check list is provided on the last page of this application to insure that all necessary documentation is submitted. If you have any questions please call Laurie Phillips at the Monroe County Medical Society at (585) 473-4072 or by email at lphillips@mcms.org.

COMMITTEE/SELECTION PROCESS: The selection process will be administered by the Medical Scholarship Fund Committee of the Monroe County Medical Society. Recipients will be notified by the Medical Scholarship Fund Committee by the beginning of July each year.

AWARD ANNOUNCEMENT AND PAYMENT: Notification will be made by the Medical Scholarship Fund Committee of the award to the recipient(s) who will then need to provide proper loan documentation including an IRS Form W-9 to the Rochester Area Community Foundation (RACF). RACF will then process and send a check to the lending institution to be applied toward the award recipient's outstanding loan amount. RACF will issue a Form 1099 to each award recipient.



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JOHN J. MORTON, MD

JOHN H. MORTON, MD - MEMORIAL SCHOLARSHIP

GENERAL INFORMATION

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Current Telephone #: _____ Email Address: _____

Telephone # for months of June/July: _____ Marital Status: (check one) Single Married

Dependents: Yes No (If yes, now many _____)

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

MATCHED SURGICAL RESIDENCY PROGRAMS (NRMP)

Hospital

Specialty

Program Director

PARENTAL/SIBLING INFORMATION

Father's Occupation: _____ Salary: _____

Mother's Occupation: _____ Salary: _____

Other Parental
Income: \$ _____

Parent's
Total Assets: \$ _____

Parent's
Total Liabilities: \$ _____

Sibling's
Name

Age

School
Attending

Educational
Expense

Parental
Contribution

\$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

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

APPLICANT'S FINANCIAL AND EDUCATIONAL INFORMATION

Undergraduate Education

College/University: _____ Graduation Date: _____

Aggregate Expense (tuition, books, living exp.): \$ _____

Loans (include **ONLY** loans you are personally responsible for): \$ _____

TOTAL UNDERGRADUATE LOANS: \$ _____

TOTAL BALANCE DUE \$ _____

Medical School Education

Medical School: _____ Expected Graduation Date: _____

Aggregate Expense (tuition, books, living exp.): \$ _____

Loans (include **ONLY** loans you are personally responsible for):

Source	Orig. Date	Amount	Due Date	Balance Due
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

TOTAL MEDICAL SCHOOL LOANS: \$ _____ TOTAL BALANCE DUE \$ _____

Additional Assets and Income

Savings: \$ _____

Securities: \$ _____

Life Insurance Cash Value \$ _____

Other Income \$ _____ Source: _____

Spouse's Gross Annual Salary: \$ _____ Spouse's Employer (if applicable): _____

Position Held: _____

List Academic Achievements/Honors/Awards in College and Medical School:

List Community/Volunteer Service in College and Medical School:

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.

SUPPORTING DOCUMENTATION/CHECKLIST/ATTESTATION

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 Laurie Phillips at 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.

In addition to your signed application and personal statement, the Medical Scholarship Committee must receive the following documents by **JUNE 1st** under separate cover. **There are no exceptions to this requirement.** These can be sent electronically to Laurie Phillips at lphillips@mcms.org or mailed to: **Monroe County Medical Society, Attn: Laurie Phillips, 132 Allens Creek Road, Rochester, NY 14618.**

- One (1) Medical School Dean's Letter
- One (1) Recent Letter of Character
- One (1) Most Recent School Transcript

APPLICATION CHECKLIST:

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

- Completed Application by June 1st
- Signature on Application
- Personal Statement
- Letter of Character (*under separate cover via email or regular mail*)
- Dean's Letter (*under separate cover via email or regular mail*)
- Transcript (*under separate cover via email or regular mail*)

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: _____