



Medical Scholarship Fund

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



CHARLOTTE MOWRIS MEMORIAL AWARD

DONOR INFORMATION: Charlotte Mowris was a Rochester philanthropist who dedicated her life to helping others in need. She particularly liked supporting medical students at the University of Rochester. Over her long life, many physicians benefitted from her generosity. In addition to her love of medical education, she also supported students in the Fine and Applied Arts Department at the Rochester Institute of Technology. This Scholarship was endowed at the passing of Mrs. Mowris' daughter Ann Mulligan in 2016. Ann was also a philanthropist with many of the same interests as her mother.

PURPOSE OF SCHOLARSHIP: To provide a loan repayment to a University of Rochester Medical School graduate who has matched in a primary care residency in the metro-Rochester area.

AMOUNT OF SCHOLARSHIP: The intent of the award is to provide repayment of loans in the amount equal to the most recent annual tuition cost for a 4th year U of R medical student. The amount is not guaranteed and will depend on available funds.

ALLOWED USE OF SCHOLARSHIP: 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: The scholarship will be granted to a graduating 4th year U of R medical student who matches and will be staying in the metro-Rochester area for residency in primary care. These would include Internal Medicine, Family Practice, Pediatrics, OB-Gyn, or a Medicine/Pediatrics program. Only students with a minimum of \$50,000 in loans will be considered. Academic achievement will be a contributing factor.

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 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, if applicable, spouse's financial information. The additional information assists the Committee in deciding 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 arrive 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 an application. Below is a convenient check list to ensure that all necessary documentation is submitted. If you have questions, please contact Laurie Phillips at the Monroe County Medical Society at (585) 473-4072 or 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.

SCHOLARSHIP PAYMENT: Once notified, the recipient will need to provide proper loan documentation including an IRS Form W-2 to the Rochester Area Community Foundation (the manager of the funds). RACF will then process and send a check to the lending institution to be applied toward the scholarship recipient's outstanding loan amount. RACF will issue a Form 1099 to the scholarship recipient.



Medical Scholarship Fund



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

MOWRIS AWARD APPLICATION

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: (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

MATCHED ROCHESTER 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: _____