



Medical Scholarship Fund



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

EDWARD T. MULLIGAN, MD MEMORIAL AWARD

INTRODUCTION

The Medical Scholarship Fund of the Monroe County Medical Society is a non-profit organization that administers the **Edward T. Mulligan, MD Award** for a graduating 4th year **University of Rochester** (NY) medical student. Dr. Mulligan was a revered Rochester surgeon whose career was shortened by his untimely death in 1975. The Scholarship Fund is managed by a volunteer Committee. Provided there are adequate funds available and qualified applicants, the Committee usually awards one (1) Mulligan Award each year. The amount of the Award varies from year to year. The Award is specifically for repayment of educational loans already incurred by the student.

SELECTION CRITERIA

The Award will be granted to a graduating 4th year University of Rochester medical student who will be staying in the metro-Rochester area for residency. Only those students who “match” for residency in the metro-Rochester area will be eligible. Students must demonstrate financial need and scholastic ability.

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 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 by **June 1st** of the year the student is graduating from medical school. Failure to do so may be grounds for disqualifying the application. Students will be notified after the Committee meets and chooses a recipient. Payment of the Award is usually directly to the educational creditor that the student chooses.

A convenient checklist is provided at the end 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 lphillips@mcms.org.



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MULLIGAN 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)

Please list the residency programs you "matched" for in the metro-Rochester area:

<u>Hospital</u>	<u>Specialty</u>	<u>Program Director</u>
_____	_____	_____
_____	_____	_____

PARENTAL/SIBLING INFORMATION

Father's Occupation: _____ Salary: _____

Mother's Occupation: _____ Salary: _____

Other Parental Income: \$ _____ Parent's Total Assets: \$ _____ Parent's Total Liabilities: \$ _____

<u>Sibling's Name</u>	<u>Age</u>	<u>School Attending</u>	<u>Educational Expense</u>	<u>Parental Contribution</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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: _____