



The Foundation of the Pennsylvania Medical Society

Scholarship Application

ENDOWMENT FOR SOUTH ASIAN STUDENTS OF INDIAN DESCENT (ESASID)

A \$2,000 scholarship will be awarded to a qualified medical student.

Instructions:

- Complete application by typing or printing clearly using a dark ink.
- Understand that "you" and "your" on this form indicates the student who is applying for the scholarship.
- Application materials must be postmarked by September 30 of the current year. Forward the following materials to The Foundation of the Pennsylvania Medical Society:
 1. Scholarship application
 2. Two reference letters
 3. Verification letter from your medical school
 4. Essay

PROOF OF CITIZENSHIP AND BIRTH DESCENT MAY BE REQUIRED IF SELECTED.

Your title:

Mr. Miss Mrs. Ms.

Your name:

<i>First name</i>	<i>M.I.</i>	<i>Last name</i>

Your social security number:

—	—	E-mail:	
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Your mailing address:

(All mail will be sent to this address.)

Number and street (include apartment number)

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<i>City</i>	<i>State</i>	<i>ZIP code</i>

Mailing address telephone #:

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Your legal/permanent address:

(If different from above address.)

Number and street (include apartment number)

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<i>City</i>	<i>State</i>	<i>ZIP code</i>

Legal/permanent address telephone #:

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Date of birth:

<i>Month</i>	<i>Day</i>	<i>Year (optional)</i>
/	/	

Are you a U.S. Citizen? Yes No Legal Resident

Pennsylvania county of residence:

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Date you became a PA resident?

<i>Month</i>	<i>Year</i>

ESASID SCHOLARSHIP APPLICATION

FINANCIAL INFORMATION - INDEBTEDNESS

Your Educational Indebtedness:

Undergraduate school	\$
Graduate school	\$
Medical school <i>(amount to date)</i>	\$
Other <i>(please specify)</i>	
_____	\$
_____	\$
TOTAL EDUCATIONAL INDEBTEDNESS	\$

You and Your Spouse's Indebtedness:

Automobile loan(s)	\$
Credit cards	\$
Mortgage	\$
Home equity loan(s)	\$
Personal loans	\$
Other <i>(please specify)</i>	
_____	\$
_____	\$
TOTAL INDEBTEDNESS	\$

FINANCIAL INFORMATION - SOURCES OF INCOME

	<i>(Year)</i>	<i>(Yearly totals only)</i>
Prior Year's Income Earned from Work (You)	_____	\$ _____
Prior Year's Income Earned from Work (Spouse)	_____	\$ _____
TOTAL INCOME EARNED FROM WORK	_____	\$ _____

Will there be any significant changes to the prior year's income earned from work during the upcoming academic year?
If yes, explain in the space provided below.

ESASID SCHOLARSHIP APPLICATION

FINANCIAL INFORMATION - MISCELLANEOUS

Do you know if you will receive any scholarships and/or grants for the upcoming academic year? [] Yes [] No
If yes, how much do you expect to receive for the upcoming academic year? \$ []

Will you receive financial assistance from your parents, other relatives, or friends during the upcoming academic year? [] Yes [] No
If yes, how much do you expect to receive for the upcoming academic year? \$ []

Will you receive any untaxed income and/or benefits (i.e., child support, Social Security benefits, workers' compensation, welfare, etc.) during the upcoming academic year? [] Yes [] No
If yes, how much do you expect to receive for the upcoming academic year? \$ []

Will you receive any other source of income not identified above? [] Yes [] No
If yes, how much do you expect to receive for the upcoming academic year? \$ []

COMMENTS/MISCELLANEOUS INFORMATION

Marital status [optional]: [] Single [] Married [] Separated [] Divorced [] Widowed
Number of children/dependents? (other than spouse) [] Number of dependent children in college? []

Are you or your spouse Pennsylvania Medical Society member(s)? [] Self [] Spouse [] Neither

This space is provided for you to inform the Foundation of any special circumstance(s) or condition(s). [optional]

[Empty text box for special circumstances]

PARENT(S)/GRANDPARENT(S)/GREAT-GRANDPARENT(S) IMMIGRATION INFORMATION

Your parent(s)/grandparent(s)/great-grandparent(s) name and address: []
Name of your parent(s)/grandparent(s)/great-grandparent(s)

[]
Address

[]
City State ZIP code

Relationship to you? (i.e., mother, grandfather, etc.): []

Are parent(s)/grandparent(s)/great-grandparent(s) Pennsylvania Medical Society member(s)? [] Yes [] No

Parent(s)/grandparent(s)/great-grandparent(s) immigrated to the U.S.? []
Month Year Country Origin? []

Have parent(s)/grandparent(s)/great-grandparent(s) become a United States Citizen? [] Yes [] No [] Legal Resident

ESASID SCHOLARSHIP APPLICATION

EDUCATIONAL INFORMATION

Undergraduate school name: []

Undergraduate school address: [City] [State]

Undergraduate degree/curriculum: []

Undergraduate graduation date: [Month] [Year]

Medical school name: []

Medical school address: [City] [State]

First year/freshman start date: [Month] [Year]

Graduation/end date: [Month] [Year]

Cumulative Grade Point Average: (based on 4.0 scale or equivalent) []

Date Grade Point Average Obtained: [Month] [Year]

I certify that the application materials being submitted are, to the best of my knowledge and belief, complete and correct. I grant the Foundation the authority to verify any of the information on this application. I authorize my medical school to release my grades and all other data requested to meet the scholarship's requirements and guidelines.

Date [] Applicant's signature []

All applicants will be notified in December of the current year.

Please forward all application materials to:

ESASID Scholarship
c/o The Foundation
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

TELEPHONE: (800) 228-7823, Ext. 7852 [in PA only] or (717) 558-7854

FAX: (717) 558-7818

E-MAIL: studentservices-foundation@pamedsoc.org

WEB: http://www.foundationpamedsoc.org

Application materials must be postmarked by September 30 of the current year.

This medical scholarship is made possible by contributions from Drs. Jitendra and Saryu Desai and other friends of medicine.