



The Foundation of the Pennsylvania Medical Society

Application for the

LYCOMING COUNTY MEDICAL SOCIETY SCHOLARSHIP FUND 2009-2010 ACADEMIC YEAR AWARD

Two qualified medical students will each be awarded a \$2,000 scholarship.

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

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)

<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)

<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 PA Resident?
NO

YES

County of legal residence:

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Date you became a PA resident:

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

**LYCOMING COUNTY MEDICAL SOCIETY SCHOLARSHIP FUND
2009-2010 ACADEMIC YEAR AWARD**

Undergraduate school name:

Undergraduate school address:

City	State
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Undergraduate degree/curriculum:

Undergraduate graduation date:

Month	Year
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Medical school name:

Medical school address:

City	State
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First year/ freshman start date:

Month	Year
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 Graduation/ end date:

Month	Year
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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 and authorize the school that I am attending to release my grades and all other data requested to meet its requirements and guidelines.

<i>Date</i>	<i>Applicant's signature</i>
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All applicants will be notified in December of the current year.

Please forward all application materials to:

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

**TEL: (717) 558-7854 ♦ FAX: (717) 558-7818
EMAIL: studentservices-foundation@pamedsoc.org
WEB: www.foundationpamedsoc.org**

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This medical scholarship is made possible by contributions from Lycoming County physicians.