



Scholarship Application

ALLEGHENY COUNTY MEDICAL SOCIETY (ACMS) MEDICAL STUDENT SCHOLARSHIP

A \$2,000 scholarship will be awarded to two qualified medical students.

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 (at least one letter must be from a medical school professor or a physician)
3. Verification letter from your medical school
4. Essay: Where do you see yourself in 10 years? How do you plan to give back to the community?

Your title: [Mr. Miss Mrs. Ms.]
Your name: [First name M.I. Last name]
Your social security number: [] E-mail: []
Your mailing address: [Number and street (include apartment number)]
[City State ZIP code]
Mailing address telephone #: [() -]

Your legal/permanent address: [Number and street (include apartment number)]
[City State ZIP code]
Legal/permanent address telephone #: [() -]

Date of birth: [Month / Day / Year (optional)]
Are you a U.S. Citizen? [Yes No]
County of residence: []
Date you became a PA resident? [Month Year]

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PERSONAL INFORMATION CONTINUED

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

Are you or your spouse an Allegheny County Medical Society member(s)? Self Spouse Neither

COMMUNITY INVOLVEMENT

If needed, an additional sheet of paper may be used to answer and comment on the following:

Explain to whom and how you have rendered Community Service.

List and explain leadership positions you have held (during and prior to medical school).

How do you see yourself working in organized medicine?

MISCELLANEOUS COMMENTS

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

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PARENTAL INFORMATION

Your parent(s) name and address:

Name of your parent(s)

Address

City

State

ZIP code

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Parent(s) telephone #:

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Relationship to you?:
(i.e., parents, mother, father, etc.)

Number of college students in parent(s) household?

Are parent(s) Pennsylvania Medical Society member(s)?

yes no

EDUCATIONAL BACKGROUND

High school attended:

Name

City

State

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Time period attended (mo. & yr.)

Course taken/degree earned

Did you graduate?

	n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
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College attended:

Name

City

State

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Time period attended (mo. & yr.)

Course taken/degree earned

Did you graduate?

		<input type="checkbox"/> yes <input type="checkbox"/> no
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Other school attended:

Name

City

State

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Time period attended (mo. & yr.)

Course taken/degree earned

Did you graduate?

		<input type="checkbox"/> yes <input type="checkbox"/> no
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If education was interrupted because of illness, military service, employment, etc. please explain giving dates and circumstances.

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MEDICAL SCHOOL INFORMATION

Medical school name:

Medical school address:

Street Address

City

State

ZIP code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First year/freshman start date:

<i>Month</i> <input type="text"/>	<i>Year</i> <input type="text"/>
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Graduation/ end date:

<i>Month</i> <input type="text"/>	<i>Year</i> <input type="text"/>
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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 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

<input type="text"/>	<input type="text"/>
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All applicants will be notified in December of the current year.

Please forward all application materials to:

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

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

FAX: (717) 558-7818

E-MAIL: studentservices-foundation@pamedsoc.org

WEB: www.foundationpamedsoc.org

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

This medical scholarship is made possible by contributions from Allegheny County Medical Society Foundation.