



**SCOTT A. GUNDER, MD**  
**DCMS PRESIDENTIAL SCHOLARSHIP FUND**  
**Application ♦ Side 2**

Undergraduate school name:			
Undergraduate school address:	<i>City</i>	<i>State</i>	
Undergraduate degree/curriculum:			
Undergraduate graduation date:	<i>Month</i>	<i>Year</i>	

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Medical school name:	Penn State College of Medicine				
Medical school address:	<i>City</i>	<i>State</i>			
	Hershey	PA			
First year/freshman start date:	<i>Month</i>	<i>Year</i>	Graduation/ end date:	<i>Month</i>	<i>Year</i>

*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 Penn State College of Medicine to release my grades and all other data requested to meet its requirements and guidelines.*

<i>Date</i>	<i>Applicant's signature</i>

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

**Please forward all application materials to:**

**Scott A. Gunder, MD, DCMS Presidential Scholarship Fund**  
**c/o The Foundation**  
**777 East Park Drive, P.O. Box 8820**  
**Harrisburg, PA 17105-8820**

TEL: (717) 558-7854 ♦ FAX: (717) 558-7818  
E-MAIL: [studentservices-foundation@pamedsoc.org](mailto:studentservices-foundation@pamedsoc.org)  
WEB: [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org)

**Application materials must be postmarked by April 15 of the current year.**

*This medical scholarship was established by the Dauphin County Medical Society  
in memory of its past president, Scott A. Gunder, MD.*