



The Foundation of the Pennsylvania Medical Society

APPLICATION

SCOTT A. GUNDER, MD, DCMS PRESIDENTIAL SCHOLARSHIP FUND

A \$1,500 scholarship is awarded to a second-year medical student at Penn State College of Medicine.

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 April 15 of the current year. Forward the following to The Foundation of the Pennsylvania Medical Society:
 1. Scholarship application
 2. Two reference letters
 3. Verification letter from Penn State College of Medicine
 4. Essay

Your title:

Mr. Miss, Mrs., or 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 PA resident? Yes No

County of Legal Residence:

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Date you became a PA resident?

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

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>	

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
WEB: www.foundationpamedsoc.org

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