



SHAH FAMILY SCHOLARSHIP

A \$5,000 scholarship will be awarded to a qualified first-year medical student.

Eligibility for scholarship applicants:

- Applicant must be a United States citizen or legal permanent resident.
- Applicant must be a Pennsylvania resident for at least 12 months prior to registering as a medical student (not including time spent attending an undergraduate or graduate school).
- Applicant must be a resident of Philadelphia County or of the following municipalities in Lower Bucks County.
 - Bristol Borough
 - Bristol Township
 - Bensalem Township
- Applicant must be enrolled full time in a fully accredited Pennsylvania medical school.
- Applicant must be enrolled in or entering his/her first year of medical school.

Applicant must submit:

1. A completed scholarship application form.
2. Two reference letters, from persons other than family members, documenting the applicant's integrity, interpersonal skills, and potential as a future physician. **Note: One reference letter must be from either an undergraduate college/university professor or a physician.**
3. A letter, on school letterhead, from the applicant's medical school verifying that he/she is enrolled full time as a medical student at that institution.
4. A typed one-page essay **addressing your goals and expectations in medicine.**

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

Applicants will be notified of the committee's decision in December of the current year.

Application materials should be mailed to:

SHAH FAMILY SCHOLARSHIP
c/o The Foundation
777 East Park Drive, PO Box 8820
Harrisburg, PA 17105-8820

TEL: (717) 558-7846 or (717) 558-7854 ♦ **FAX:** (717) 558-7818

E-MAIL: studentservices-foundation@pamedsoc.org

WEB: www.foundationpamedsoc.org

This medical scholarship is made possible by contributions from Drs. Lina and Jitendra Shah.

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The Foundation
of the Pennsylvania Medical Society
Education. Wellness. Excellence. Always.

Scholarship Application
SHAH FAMILY SCHOLARSHIP

A \$5,000 scholarship will be awarded to a qualified first-year medical student.

Instructions:

- Complete application by typing into this form and printing or print the form and complete 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 an undergraduate college/university professor or a physician)
 3. Verification letter from your medical school
 4. Essay: Typed one-page essay addressing your goals and expectations in medicine?

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)*
(All mail will be sent to this address.)

City *State* *ZIP code*

Mailing address telephone #: Is this a cell phone? Yes No

Number and street (include apartment number)

Your legal/permanent address: (If different from above address.)

City *State* *ZIP code*

Legal/permanent address telephone #: Is this a cell phone? Yes No

No. of dependents (other than spouse): Marital status: Single Married Separated Divorced

Are you a U.S. Citizen or legal permanent resident? Yes No Date of birth: *Month / Day / Year (format mm/dd/yyyy)*

Are you a PA Resident? Yes No Date you became a PA resident: *Month / Year (format mm/yyyy)*

Driver's License State: Driver's License Number: *Month / Year (format mm/yyyy)*

County of legal residence in Pennsylvania: Date you became a resident of this Pennsylvania County: *Month / Year (format mm/yyyy)*

Borough or Township of legal residence: Date you became a resident of this Borough or Township: *Month / Year (format mm/yyyy)*

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PARENTAL INFORMATION

Your parent(s) name and address:

Name of your parent(s)

Address

City

State

ZIP code

Parent(s) telephone #:

Is this a cell phone?

Yes

No

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

Number of siblings in parent's household who are college
students for the upcoming academic year:

EDUCATIONAL BACKGROUND

High school attended:

Name

City

State

Time period attended (format mm/yyyy - mm/yyyy)

Course taken/degree earned

Did you graduate?

Yes

No

College attended:

Name

City

State

Time period attended (format mm/yyyy - mm/yyyy)

Course taken/degree earned

Did you graduate?

Yes

No

Other school attended:

Name

City

State

Time period attended (format mm/yyyy - mm/yyyy)

Course taken/degree earned

Did you graduate?

Yes

No

MEDICAL SCHOOL INFORMATION

Medical school name:

Street address

Medical school address:

City

State

ZIP code

First year/freshman
start date:

Month / Year (format mm/yyyy)

Graduation/
end date:

Month / Year (format mm/yyyy)

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COMMUNITY INVOLVEMENT & ACHIEVEMENTS

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

List and explain your top five community service activities in descending order of significance.

List and explain up to five academic or civic leadership positions that you have held. List in descending order of responsibility.

List and explain, in descending order of significance, your top five awards and recognitions that you have received.

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MISCELLANEOUS COMMENTS

This space is provided for you to note any special circumstance(s) or condition(s) that you would like to be considered (employment, military service, illness, interrupted education, family situations/hardships, etc.).
If needed, an additional sheet of paper may be used to comment.

I certify that the application materials being submitted are, to the best of my knowledge and belief, complete and correct. I grant the Foundation of the Pennsylvania Medical Society 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.

By signing this form, I hereby grant the Foundation and the Shah Family Scholarship the unconditional right to use, including but not limited to, my name, photograph (taken or submitted), and essay in connection with any manner or medium, including but not limited to press releases, publications, and/or websites for distribution in both printed and digital formats.

Date

Applicant's signature

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