



**BLAIR COUNTY MEDICAL SOCIETY SCHOLARSHIP  
2019-2020 ACADEMIC YEAR AWARD**

*A \$1,000 scholarship will be awarded to a qualified medical student.*

**Eligibility for scholarship applicants:**

- Applicant must be a United States citizen.
- Applicant must be a resident of Blair County in the state of Pennsylvania for at least 12 months prior to registering as a medical student (not including time spent attending an undergraduate/graduate school in Pennsylvania).
- Applicant must be enrolled full time in a fully accredited United States medical school.
- Applicant must be enrolled in or entering his/her second, third, or fourth year of medical school.
- Applicant cannot be a past recipient of the Blair County Medical Society Scholarship.

**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 physician. One letter must be from either a medical school professor or physician.
3. A letter, on school letterhead, from the applicant's medical school verifying that he/she is enrolled full time as a second-, third-, or fourth-year medical student at that institution.
4. A typed one-page essay addressing the following: *Reasons for pursuing a medical career, personal goals, and plans for future within the profession.*

**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:**

**Blair CMS 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  
**E-MAIL:** [studentservices-foundation@pamedsoc.org](mailto:studentservices-foundation@pamedsoc.org)  
**WEB:** [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org)

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

**BLAIR COUNTY MEDICAL SOCIETY**

**SCHOLARSHIP 2019-2020 ACADEMIC YEAR AWARD**

*A \$1,000 scholarship will be awarded to a qualified 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 (*must be signed by hand*)
  2. Two reference letters
  3. Verification letter from your medical school
  4. Essay addressing the following: Reasons for pursuing a medical career, personal goals, and plans for future within the profession.

Your title: Mr. Miss, Mrs., or 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

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Your legal/permanent address: Number and street (include apartment number)  
(If different from above address.)

City State ZIP code

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

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

Are you a PA Resident? Yes No Date you became a PA resident:

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

Are you a resident of Blair County? Yes No Date you became a resident of Blair County:

# BLAIR CMS SCHOLARSHIP APPLICATION

Page 2

## 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 a Pennsylvania Medical Society member?      Yes      No

Are you a Blair County Medical Society member?      Yes      No

## PARENTAL INFORMATION

Your parent(s) name and address:

*Name of your parent(s)*

*Number and street (include apartment number)*

*City*

*State*

*ZIP code*

Parent(s) telephone #:

Is this a cell phone?

Yes

No

Relationship to you:

(parents, mother, father, etc.)

Number of college students in parent(s) household:

## EDUCATIONAL BACKGROUND

High school:

*Name*

*City*

*State*

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

*Course taken/degree earned*

*Did you graduate?*

Yes

No

Undergraduate School:

*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:

*Number and street (include building, suite, and/or room number)*

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)*

## BLAIR CMS SCHOLARSHIP APPLICATION

Page 3

### COMMUNITY INVOLVEMENT AND ACHIEVEMENTS

*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 (high school to present).

List and explain leadership positions you have held (high school to present).

List any academic awards and recognition that you have received (high school to present).

### FUTURE EXPECTATIONS WITHIN THE COMMUNITY OF ORGANIZED MEDICINE

Physician membership organizations at the state level, like the Pennsylvania Medical Society, and at the national level, like the American Medical Association, help doctors take care of patients. These organizations are sometimes collectively referred to as organized medicine. They promote physician leadership at all stages of one's career. Do you see yourself fitting into organized medicine or do you see a different role for yourself within the practice of medicine? Please elaborate. *If needed, an additional sheet of paper may be used to comment.*

**BLAIR CMS SCHOLARSHIP APPLICATION**

**Page 4**

**SPECIAL CIRCUMSTANCES(S) AND/OR CONDITION(S)**

This space is provided for you to note any special circumstance(s) or condition(s) that you would like to have considered (i.e., 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 Blair County Medical Society 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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*This medical scholarship is made possible by contributions from Blair County Medical Society and physicians.*