



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

**MYRTLE SIEGFRIED, MD, AND MICHAEL VIGILANTE, MD, SCHOLARSHIP**

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

**Eligibility for scholarship applicants:**

- Applicant must be a United States citizen.
- Applicant must be a resident of Lehigh, Berks, or Northampton County in the state of Pennsylvania for at least 12 months prior to registering as a medical student.
- Applicant must be entering his/her first year of medical school AND be enrolled full time in a fully accredited United States medical school.

**Applicant must submit the following:**

1. A completed 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.
3. A letter, on school letterhead, from the applicant's medical school verifying that he/she is enrolled full time as a first-year medical student.
4. A typed one-page essay specifically describing *why the applicant chose to become a physician and what contributions he/she expects to make to the health profession.*

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

Applicants will be notified of the committee's decision by December 1 of the current year.

**Application materials should be mailed to:**

**Siegfried-Vigilante 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

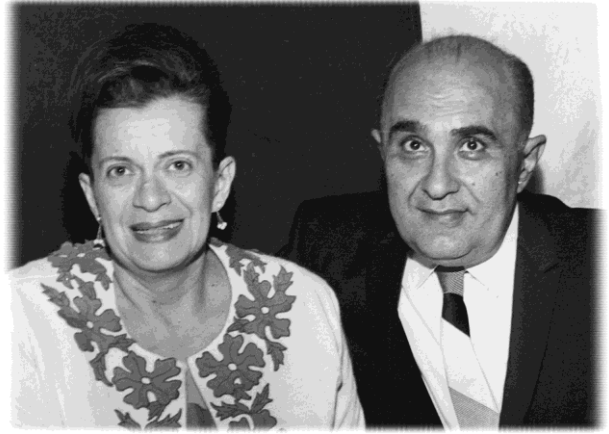
**EMAIL:** [studentservices-foundation@pamedsoc.org](mailto:studentservices-foundation@pamedsoc.org)

**WEB:** [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org)

*This medical scholarship is made possible by a memorial contribution from  
Mrs. Elena Pascal & Ms. Carla Vigilante in honor of their parents, Drs. Siegfried and Vigilante.*

# Giving Back to Medicine

By Elena Pascal



My sister Carla and I were fortunate to be the daughters of two physicians. Myrtle Siegfried, MD, and Michael Vigilante, MD, were a dynamic duo who practiced medicine in Allentown. She was a general practitioner raised on a farm in Stony Run, graduating youngest in her class from The George Washington University School of Medicine. He was an obstetrician-gynecologist who hailed from the Lower East Side of New York, graduating from Marquette School of Medicine. Though my parents' families were of little means, they sought better lives for their children.

For over 50 years, our parents shared offices on the first floor of our home in Allentown, practicing the "art of medicine"—seeking to contribute in a positive way to the development of patients and their families. Their patients were their friends, and medicine became an integral part of our daily life. Telephones were constantly ringing and their two waiting rooms were "standing room only." They took their time—focusing on each patient as if they were part of our family. My sister and I spent hours accompanying my mother on her daily rounds at the hospital or on house calls. My husband, Joseph Pascal, MD, fondly recalls his first meeting with his future mother-in-law. "She was cradling a phone in one hand giving insulin orders, while stirring the batter for a cake in the other." At a time when women were a rarity in medicine, our mother was a pioneer.

Our father was a storyteller. His flamboyant, outgoing personality, coupled with his colorful tales of his life in the melting pot of New York's Lower East Side, amused his patients and colleagues. He never seemed to need sleep, spending hours on end in the hospital or his office. He welcomed thousands of babies into the world, and calmed many a patient serenading them with his rendition of "Santa Lucia." He was a pioneer in hypnosis and was the first physician in Pennsylvania to perform a Caesarean section using only hypnosis. He always had time to see a new patient and was a strong supporter of women, believing they could achieve anything they aspired to do.

After our parents' deaths in 1996, countless letters were sent from their patients commenting on how our parents had influenced their lives and had cared for their physical and mental well being. Our parents had become part of their families.

Carla and I were extremely blessed to have two respected and caring physicians as parents. We learned to share our lives with others. They taught us to care about our friends and family, yet also give back to the community that was so much a part of our lives. The medical community in the Lehigh Valley was their life, and both parents were members of the Lehigh County Medical Society, the Pennsylvania Medical Society, and the American Medical Association for more than 50 years. My mother was also a member of the Pennsylvania Medical Society Alliance.

Upon their deaths, my sister and I decided to create a lasting tribute in honor of our parents. Working with staff at the Foundation, we established the *Myrtle Siegfried, MD, and Michael Vigilante, MD, Scholarship Fund* in their memory. The scholarship, which we established in 1999, is granted annually to a first-year medical student from the Lehigh Valley, which includes Lehigh, Berks, and Northampton counties. With this endowment, Carla and I accomplished two goals—creating a lasting remembrance of our parents and their achievements, and returning something to the profession that my parents so loved. Our father always said, "Whatever you want to do, you can do it."

This scholarship fund is a lasting tribute to our parents' beliefs and to their love of medicine. If, through this fund, we help someone achieve his or her dream of becoming a doctor—as our parents achieved theirs—we know we've made them proud.



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**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: Why did you choose to become a physician? What contributions do you expect to make to the health profession?

Your title:

Mr. Miss, Mrs., or Ms.

*First name*

*M.I.*

*Last name*

Your name:

Your social security number:

E-mail:

*Number and street (include apartment number)*

Your mailing address:

*(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

*Month/Day/Year (format mm/dd/yyyy)*

Are you a U.S. Citizen?

Yes

No

Date of birth:

*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:

County of legal residence  
in Pennsylvania:

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

# SIEGFRIED-VIGILANTE SCHOLARSHIP APPLICATION

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High school attended: Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Time period attended (format mm/yyyy-mm/yyyy) \_\_\_\_\_ Course taken/degree earned N/A Did you graduate?  
 Yes  No

College attended: Name \_\_\_\_\_  
(Undergraduate) City \_\_\_\_\_ State \_\_\_\_\_  
Time period attended (format mm/yyyy-mm/yyyy) \_\_\_\_\_ Course taken/degree earned \_\_\_\_\_ Did you graduate?  
Yes No If

education was interrupted because of illness, military service, employment, etc., please explain giving dates and circumstances.  
If needed, an additional sheet of paper may be used to answer.

Medical school name:

Medical school address: Number and street (include building, suite, and/or room number) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Month/Year (format mm/yyyy) \_\_\_\_\_ Month/Year (format mm/yyyy) \_\_\_\_\_  
First year/freshman/ Graduation/  
start date: end date:

*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 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 \_\_\_\_\_

**Please forward all application materials to:**

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