



**“Dedicated to
Healthy
Communities”**

The Pennsylvania Medical Society Alliance
is pleased to announce the availability of application for its

Alliance Medical Education Scholarship (AMES) Fund
Multiple scholarships in the amount of \$2,500 each will be awarded.

Eligibility for scholarship applicants:

- Applicant must be a United States Citizen.
- Applicant must be a resident of Pennsylvania for at least 12 months before registering as a medical student (not including time spent attending a Pennsylvania undergraduate /graduate school).
- Applicant must be a second- or third-year medical student when applying.
- Applicant must be enrolled full time in an accredited Pennsylvania medical school.
- Applicant, once designated a scholarship recipient, must R.S.V.P. to confirm attendance to a presentation event held on October 27, 2018, in Hershey, PA. Recipient is required to be present to accept the scholarship; if not present, the next applicant by point standing may receive the award.
- Member of the Pennsylvania Medical Society and county medical society (*membership is free*).

Applicant must submit the following:

- A completed scholarship application form.
- Two reference letters (personal and academic) from persons other than family members, documenting the applicant’s integrity, interpersonal skills, and potential as a future physician.
- A letter, on school letterhead, from the applicant’s medical school verifying that he/she is enrolled full time as a second- or third-year medical student.
- A typed one-page essay *describing your vision for the future of Pennsylvania medicine*.
- A completed Pennsylvania Medical Society membership application (if not a current member).

Finalists may be called for personal interviews by the AMES Fund Committee.

Noteworthy Information for Applicant:

- Application materials must be postmarked by February 28, 2018 and are accepted beginning January 1, 2018.
- Mail application materials to: AMES Fund, c/o The Foundation, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820
- Applicants will be notified of the Committee’s decision by June 1, 2018.
- Scholarship may be used for tuition, fees, books, supplies, and equipment.
- Scholarship check will be made payable to the medical school.
- Scholarship check will be presented to the recipient at the Pennsylvania Medical Society's House of Delegates and Annual Education Conference on Saturday, October 27, 2018, in Hershey, PA.
- Scholarship will apply to the second semester of the upcoming academic year.
- Questions? – Contact The Foundation via telephone at (717) 558-7854 or (717) 558-7870, Fax (717) 558-7818, or E-Mail studentservices-foundation@pamedsoc.org.

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“Dedicated to
Healthy
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Scholarship Application

AMES FUND

(Alliance Medical Education Scholarship Fund)

Multiple \$2,500 scholarships will be awarded to qualified medical students.

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 February 28, 2018. Forward the following materials to the AMES Fund, c/o The Foundation of the Pennsylvania Medical Society:
 1. Scholarship application (*must be signed by hand*)
 2. Two reference letters (personal and academic)
 3. Verification letter from your medical school
 4. Essay: Typed one-page essay addressing your vision for the future of Pennsylvania medicine.
 5. Pennsylvania Medical Society membership application, if needed (*must be signed by hand*).

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

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

No. of dependents? (Other than spouse): Marital status: Single Married Separated Divorced
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: *Month/Year (format mm/yyyy)*

Pennsylvania county of legal/permanent address: Date you became a resident of this Pennsylvania county:

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PARENTAL INFORMATION

Your parent(s) name and address: *Name of your parent(s)*

Address and Street (include apartment number)

City

State

ZIP code

Parent(s) telephone #:

Is this a cell phone?

Yes

No

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

Number of siblings in parents 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:

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)

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LEADERSHIP POSITIONS, COMMUNITY SERVICE, AND ACADEMIC AWARDS

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

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

Explain to whom and how you have rendered community service (high school to present).

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

MISCELLANEOUS COMMENTS

This space is provided for you to note any special circumstance(s) or condition(s) that you would like considered (e.g., employment, military service, illness, interrupted education, family situations/hardships). *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 AMES Fund 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 of the Pennsylvania Medical Society and the Pennsylvania Medical Society Alliance 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.

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

Application materials must be postmarked by February 28, 2018, and forwarded to:

AMES Fund
c/o The Foundation
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

Telephone: (717) 558-7854

FAX: (717) 558-7818

E-Mail: studentservices-foundation@pamedsoc.org

WEB: www.foundationpamedsoc.org

This medical scholarship is made possible by the Pennsylvania Medical Society Alliance through fund-raising events and by general and memorial contributions. For more information on the activities of the Pennsylvania Medical Society Alliance, visit its website at www.pamedsoc.org/alliance.

[The Fund is administered by The Foundation of the Pennsylvania Medical Society, a 501(c)(3) charitable and educational organization. The official registration and financial information of The Foundation may be obtained from the PA Department of State by calling toll free within Pennsylvania (800) 732-0999. Registration does not imply endorsement.]

Please Note

Students applying for the Alliance Medical Education Scholarship must be or become a member of the Pennsylvania Medical Society and county medical society. ***Student membership is free.*** If you are not a current Pennsylvania Medical Society member, please complete this application and return along with the completed Alliance Medical Education Scholarship application materials. Thank you.

STUDENT MEMBERSHIP APPLICATION



Pennsylvania
MEDICAL SOCIETY

Doctors and Patients. Preserve the Relationship.

County Medical Society

(You may choose to be a member of the county in which you live or study.)

777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820 * 717-558-7750 (Phone) * 717-558-7840 (Fax)

NAME (PRINT)

LAST

FIRST

MIDDLE

ADDRESS

AREA CODE & PHONE NUMBER

EMAIL ADDRESS

SEX

DATE OF BIRTH

MEDICAL SCHOOL

LOCATION

DEGREE

BEGIN DATE

END DATE

DATE _____

SIGNATURE _____