



*is pleased to announce the*

**SCOTT A. GUNDER, MD, DCMS**  
**PRESIDENTIAL SCHOLARSHIP FUND**

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

**Eligibility for scholarship applicants includes the following:**

- Applicant must be a bona fide resident of Pennsylvania for at least 12 months before registering as a medical student (not including time spent attending an undergraduate/graduate school in Pennsylvania).
- Applicant must be a second-year medical student.
- Applicant must be enrolled full time at Penn State College of Medicine.
- Member of the Pennsylvania Medical Society and county medical society – *membership is free.*

**Applicant must submit the following:**

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.
3. A letter, on school letterhead, from Penn State College of Medicine verifying that he/she is enrolled full time and is a second-year medical student.
4. A typed, one-page essay (12-pt. type, double-spaced) describing *the person or event that most influenced you to become a physician and how you see yourself leading others into medicine.*
5. A completed Pennsylvania Medical Society membership application if student is not a current member.

**A PERSONAL INTERVIEW IS NOT REQUIRED; HOWEVER, IT MAY BE REQUESTED.**

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

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

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



## *In the Spirit of Medicine*

*by Dauphin County Medical Society  
Scholarship Committee*

Scott A. Gunder, MD, was a person with a vision to return something to the community that had given him so much. Early in his term as the 136<sup>th</sup> president of the Dauphin County Medical Society, he wanted to establish a scholarship for a deserving medical student. As a clinical assistant professor of medicine, and from his own experience, he knew the tremendous commitment it takes to earn a medical degree—and the high cost.

Dr. Gunder's wish has become a reality. In October 2000, the Dauphin County Medical Society established the **Scott A. Gunder, MD, DCMS Presidential Scholarship Fund** within The Foundation of the Pennsylvania Medical Society. Through this scholarship, the memory of the 39-year-old Harrisburg gastroenterologist will continue.

Dr. Gunder's gentle and compassionate spirit was worlds apart from the aggressive cancer that took his life. The vast number of condolence cards and letters his widow, Doreen, received was a testament to his character. His family remembers him as a loving husband, caring son, and thoughtful brother. His compassionate nature brought much joy and comfort to his patients, family, and friends.

In honor of Dr. Gunder, the Dauphin County Medical Society is committed to the perpetuation of this fund. It will serve as recognition of all Dauphin County Medical Society presidents who dedicate their time to the betterment of the society—as Dr. Gunder did.

In fulfilling Dr. Gunder's wish, this special scholarship will be awarded annually to one deserving second-year medical student from Penn State College of Medicine at the Milton S. Hershey Medical Center, where Dr. Gunder taught. A part of Dr. Gunder's spirit of medicine will reside in each future physician who receives this award.



**SCOTT A. GUNDER, MD  
DCMS PRESIDENTIAL SCHOLARSHIP FUND**

**Application ♦ Page 2**

Undergraduate school name:

*City*

*State*

Undergraduate school address:

Undergraduate degree/curriculum:

*Month/Year (format mm/yyyy)*

Undergraduate graduation date:

---

Medical school name:

*City*

*State*

Medical school address:

*Month/Year (format mm/yyyy)*

*Month/Year (format mm/yyyy)*

First year/freshman  
start date:

Graduation/  
end date:

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*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 Penn State College of Medicine 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 Dauphin 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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All applicants will be notified in December 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**

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**Please Note**

Students applying for the Scott A. Gunder, MD, DCMS Presidential 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 Scott A. Gunder, MD, DCMS Presidential 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** \_\_\_\_\_