

WESTMORELAND COUNTY MEDICAL SOCIETY

Application for Scholarship

Scholarship Criteria

- Applicant must be a 2nd, 3rd, or 4th year student at an Allopathic or Osteopathic accredited Pennsylvania Medical School
- Applicant must be born in, live in, or have lived in Westmoreland County, Pennsylvania
- All applicants must submit:
 1. A list of undergraduate awards and honors
 2. A list of community services and awards
 3. A list of medical school awards, honors and services
 4. A list of income and expenses
 5. An essay on why you deserve to become a physician
 6. Two reference letters (personal and academic)
 7. A letter of verification of your enrollment status from your medical school

Instructions

- Please complete this application by typing or printing clearly using a dark ink.
- Application materials must be postmarked by March 30 of the current year.
- In addition to this application, forward the criteria items in support of your application to the Westmoreland County Medical Society, 378 Lovejoy Road, Commodore, PA 15729

Student Information

Your title (optional) Circle one. Mr Miss Mrs Other _____

Your name: _____
First name Middle name Last name

Your Social Security number: _____

Your current mailing address: _____

Your residence address: _____

Your residence address telephone # (including area code): _____

Your e-mail address: _____

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Financial Information — Indebtedness

Your Educational Indebtedness:

Undergraduate school \$ _____
Graduate school \$ _____
Medical / Osteopathic school (amount to date) \$ _____
Other (specify) _____ \$ _____

TOTAL EDUCATIONAL INDEBTEDNESS \$ _____

You and Your Spouse's (if married) Indebtedness (total amount incurred):

Automobile loan(s) or lease(s) \$ _____
Credit Cards \$ _____
Mortgage \$ _____
Home equity & personal loan(s) \$ _____
Other indebtedness (specify) \$ _____

TOTAL INDEBTEDNESS \$ _____

Financial Information — Sources of Income

2020 Income Earned from Work / Yearly gross total (You) \$ _____

2020 Income Earned from Work / Yearly gross total (Spouse) \$ _____

Financial Assistance received from your parents, relatives, etc. for 2020 \$ _____

Will you receive any other source of income not identified above?
If yes, specify _____ \$ _____

Have you filed State and Federal Income tax returns within the past 3 years and if so, which years?

Are any returns being audited? _____ Are any tax obligations past due? _____

Will there be any significant changes in the amounts above during the 2020-2021 academic year?
If yes, explain _____

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Parent / Spouse Questionnaire

Student's father, stepfather or guardian:
Name _____
Address _____
Telephone _____
Occupation _____
Employed by _____
How long? _____

Student's mother, stepmother or guardian:
Name _____
Address _____
Telephone _____
Occupation _____
Employed by _____
How long? _____

Divorced / Separated Parents:
Other parent's name _____
Address _____
Telephone _____
Occupation _____
Date of divorce or separation _____

Student's spouse:
Name _____
Address _____
Telephone _____
Occupation _____
Employed by _____
How long? _____

The name of the parent/spouse last claiming you as a tax dependent _____ Year? _____

Do your parents/spouse contribute financially to your education? If yes, the amount they paid in 2020.
\$ _____

Student's Certification and Authorization

I certify that the application materials being submitted are, to the best of my knowledge and belief, complete and correct. Any willful misrepresentation on this application could and will result in criminal and/or civil action. Failure to answer any question or to satisfactorily explain why an answer cannot be provided shall be considered failure to complete the application which will result in the application not being processed. The making and submission of this application does not in any way guarantee that a scholarship will or can be granted and the submission of this application does not contractually bind in any way whatsoever, legally or equitably, the Westmoreland County Medical Society to actually make a scholarship. I grant the Westmoreland County Medical Society or its duly authorized representative the authority to verify any of the information and authorize the school that I am attending to release to the WCMS my grades and any other data requested to meet its requirement guidelines.

Date _____ Applicant's Signature _____

Application and supporting documents must be postmarked by March 30 of the current year

All applicants will be notified of application status