

Fresno Madera Medical Society
SCHOLARSHIP FOUNDATION



MEDICAL STUDENT SCHOLARSHIP FUND

Application Deadline: May 15

ABOUT THE SCHOLARSHIP FUND

The Medical Student Scholarship Program was originally made possible by surplus funds realized from services donated by local physicians participating in the Sabin Oral Polio Vaccine Sunday Clinics in 1962-63. The best use of these accumulated funds was felt to be the financing of a program that would be of permanent benefit to the people of the Fresno-Madera area

The Fresno County Medical Society Scholarship Foundation was created to establish and administer a perpetual and revolving medical student scholarship fund dedicated to helping deserving residents of Fresno and Madera counties finance their medical education.

Administered by a board of physicians who are members of the Fresno-Madera Medical Society, the goal of this scholarship program is to encourage medical students to practice in Fresno and Madera counties which have insufficient numbers of physicians to care for their citizens

ELIGIBILITY REQUIREMENTS

1. To be eligible for a scholarship, you must be a resident of either Fresno or Madera County for a minimum of three years.
2. You must be enrolled in or accepted to an accredited allopathic or osteopathic medical school. Students waiting for confirmation of acceptance to medical school may apply.
3. Submit a completed application by May 15.

EVALUATION PROCEDURES

Applications are evaluated primarily on the basis of financial need, academic achievement, prior experience with populations whose health care needs are underserved, and a commitment to returning to Fresno or Madera counties to practice medicine. Financial data will be analyzed according to family/student resources and household size.

GRANT CYCLE

May 15 each year is the deadline for receipt of a completed application. Scholarships are awarded in September of the current year. Given limited funds, not all eligible applicants may be recipients

HOW TO APPLY

Complete and submit the attached application and a current photo with all required school transcripts, letters of reference, letter from the Dean of Admissions confirming enrollment as a full time medical student at that institution, and a Financial Aid Report. Letters of reference and transcripts may be mailed separately, but must be received by the May 15 deadline. Incomplete applications will not be processed.

ADDRESS

Scholarship Foundation

Fresno-Madera Medical Society

255 W Fallbrook, Ste 104

Fresno, CA 93711

Tel: (559) 224-4224x114 Fax: (559) 224-0276

E-mail: nbutler@fmms.org

Fresno Madera Medical Society
SCHOLARSHIP FOUNDATION

MEDICAL STUDENT SCHOLARSHIP APPLICATION

I. PERSONAL INFORMATION

Mr. ___ Mrs. ___ Ms. ___ _____
First Middle Last

Current Mailing Address _____ Years at this address _____
Street City State Zip

Tel: _____ Fax: _____ E-mail _____

How long have you been (were you) a resident of Fresno or Madera County? _____

Fresno or Madera County Address: _____
Address City State Zip

Date of Birth _____ Marital Status _____ #Dependent Children _____

II. EMPLOYMENT INFORMATION

Are you currently employed? Yes ___ No ___ Hours per week ___ Do you plan to work during the school year? Yes ___ No ___

Estimated hours per week _____ Is your spouse currently employed? Yes ___ No ___ Hours per week _____

Please list any employment (full-time, part-time, summer) you have had since graduating from high school:

Company	Position	Dates Employed	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EDUCATIONAL INFORMATION

I will be a 1st ___ 2nd ___ 3rd ___ 4th ___ year medical student at _____ beginning (month/year) _____. Mailing address for Scholarship _____

If beginning your first year of medical school, *please provide a copy of your letter of acceptance from the school.*

List the colleges attended and/or are currently enrolled. Please submit official transcripts from each.

Institution	City/State	Dates Attended	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List scholastic honors received: _____

IV. FAMILY PERSONAL INFORMATION

Father _____ Address _____ Occupation _____
Mother _____ Address _____ Occupation _____
Guardian _____ Address _____ Occupation _____

Parents marital status _____ how many dependents (include yourself)? _____

Describe any pertinent information concerning your family status or family financial situation (i.e., support from parents) that would be helpful in assessing your need for this scholarship (i.e other tuition obligations):

V. APPLICANT'S INCOME AND EXPENSES

Please estimate your income and expenses for the coming academic year:

INCOME

Personal Savings _____
Earnings _____
Spouse's earnings _____
Aid from parents _____
Scholarships _____
Veteran's benefits _____
Other resources _____

EXPENSES

Tuition & required fees _____
Books and materials _____
Housing _____
Clothing _____
Food _____
Transportation _____
Other expenses _____

VI. PREVIOUS LOANS RECEIVED (Do not list small emergency type loans)

Amount	Type of Loan	Date of Initial Loan	Granting Institution	Payment Schedule	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VII. SCHOLARSHIPS RECEIVED

Amount	Name of Scholarship	Scholarship Date (From/To)
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. REFERENCES

Using the attached **Applicant Evaluation Form**, please submit three Letters of Reference from each of the following 1) a teacher of a class completed within the past two years; 2) a medical school professor or a physician; 3) a person outside of health care. The Letters of Reference must follow the format outlined on the attached **Applicant Evaluation Form** and be received by the Fresno-Madera Medical Society office no later than May 15. Letters of Reference may be submitted with the evaluation form on a separate sheet or letterhead.

IX. PERSONAL STATEMENT

In the space below, **WRITE a BRIEF ESSAY** indicating the reason(s) you wish to be considered for this scholarship. Provide information about yourself that you feel would be meaningful for the Scholarship Foundation Board's evaluation, such as community service, work experience, hobbies, special interests, aptitudes and/or life events; include your future plans for practicing medicine. You may attach a separate sheet.

X. AUTHORIZATION & CERTIFICATION

I certify that all of the information submitted with my application is true and complete to the best of my knowledge. If asked by an authorized official of the Fresno County Medical Society Scholarship Foundation or Fresno-Madera Medical Society, I agree to provide proof of the information I have given. I understand that the inclusion of any false or misleading information will result in the rejection of my application or the return of any financial aid I do receive.

Permission is hereby given to school, federal, state and/or county officials to release to the Fresno-Madera Medical Society any information concerning my financial aid and academic circumstances necessary to my application for a scholarship from the Fresno County Medical Society Scholarship Foundation. I also agree to permit the Fresno-Madera Medical Society and the Scholarship Foundation to share the information I have provided with any of the references I have listed.

I understand that in order for my request for grant aid to be considered for September funding, my application, references and official transcripts must be received by the Fresno-Madera Medical Society no later than May 15.

Furthermore, I have read the application instructions, and I am aware that an incomplete application will not be processed.

Student's Signature

Date

Type or Print Essay Below: (A separate sheet may be attached. If using a separate sheet, please include your name.)

Fresno Madera Medical Society
SCHOLARSHIP FOUNDATION

Medical Student Applicant Evaluation Form

Return Completed Form to:

SCHOLARSHIP FOUNDATION
 255 W Fallbrook Ave Ste 104 Fresno, CA 93711
 (559) 224-4224 FAX (559) 224-0276
 E-mail: nbutler@fmms.org

Name of Applicant: _____

The medical student whose name appears above is seeking financial aid from the Scholarship Foundation of the Fresno-Madera Medical Society. To assist the Scholarship Board in its evaluation of this applicant, please complete all parts of the form and return it to the Medical Society at the above address on or before May 15. A separate letter of reference may be attached.

Please check the boxes which best describe the applicant:

	Poor	Fair	Good	Superior	Unable to Judge
Academic performance					
Academic potential					
Intellectual ability					
Emotional maturity/stability					
Leadership qualities					
Extracurricular activities					
Integrity					
Empathy					
Motivation					
Financial need					

What is your relationship to the applicant?

- Instructor
- Person in a health-related field
- Person outside health care

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COMMENTS:

Below, or on a separate sheet or letterhead, please comment regarding any notable strengths, weaknesses or other information that will assist the Scholarship Board in the evaluation of this applicant.

RECOMMENDATION:

- I strongly recommend _____
- I recommend _____
- I recommend with _____
- I do not recommend _____

... that this applicant be awarded a Medical Student Scholarship from the Fresno County Medical Society Scholarship Foundation.

Name of Evaluator _____
(Please print)

Signature _____ Date _____