

# Fresno Madera Medical Society Scholarship Foundation

255 W Fallbrook Suite 104 Fresno, California 93711

## Renewal Scholarship Application

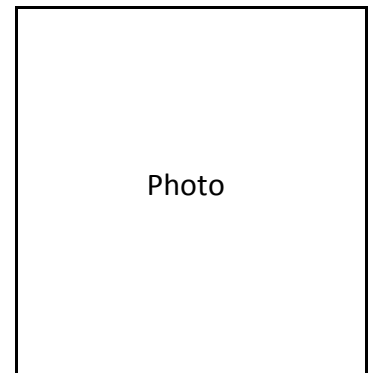
### 1. Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_



### 2. Academic Information

a. School of Matriculation:

\_\_\_\_\_

b. Circle the year of Medical School you are entering

1 2 3 4

*(TRANSCRIPT OR RECORDS MUST PRECEDE APPLICATION)*

c. Awards Received:

\_\_\_\_\_

d. Community/School organizations in which you have participated:

\_\_\_\_\_

e. Offices/Positions held:

\_\_\_\_\_

### 3. Family Information

Name of Parents: \_\_\_\_\_

### 4. Personal Financial Information

a. Are you employed: \_\_\_\_\_ Where: \_\_\_\_\_

Hours worked: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

b. Will you be employed during this academic year? \_\_\_ YES \_\_\_ NO

If so, where: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

c. Financial aid received from parents: \_\_\_\_\_

d. Please indicate all other sources of financial aid or income (include other scholarships).

<i>Type</i>	<i>Amount</i>	<i>Date</i>
_____		
_____		

e. Do you own an automobile if so, what make, model and year?

\_\_\_\_\_

f. Other Debts

<b><i>Creditor</i></b>	<b><i>Amount</i></b>
_____	\$ _____
_____	\$ _____

**5. Proposed Budget for the Academic Year**

<b><u>College Expenses</u></b>		<b><u>Personal Assets</u></b>	
Tuition	\$ _____	Savings	\$ _____
Required Fees	\$ _____	Bonds	\$ _____
Books & Supplies	\$ _____	Stocks	\$ _____
		Trust Funds	\$ _____
		Real Estate	\$ _____
		Checking	\$ _____
		Spouse Income	\$ _____
		Financial Aid	\$ _____
		Parental Aid	\$ _____
		Other Income	\$ _____
		<b>TOTAL \$</b>	\$ _____
<b><u>Living Expenses</u></b>			
Lodging	\$ _____		
Food	\$ _____		
Utilities	\$ _____		
Clothing	\$ _____		
Personal	\$ _____		
Travel & Auto	\$ _____		
Medical	\$ _____		
Other	\$ _____		
<b>TOTAL \$</b>	\$ _____		

Describe below any other pertinent information that would be helpful in assessing your financial need for this scholarship.

\_\_\_\_\_

**6. Certification**

1. The information supplied on this application is correct to the best of my knowledge.
2. Any false statements will invalidate my application and may cause for legal action to recover any monies granted pursuant to this application.
3. I understand and agree to be bound by the following restrictions imposed by the Fresno County Medical Society Scholarship Foundation:
  - Terms of Payment
  - Other
4. I understand that submission of this application does not entitle me to any grant unless I receive notification of selection, and that if I am selected for a grant Fresno County Medical Society Scholarship Foundation has no liability, obligation or guarantee to me other than as set forth in the terms of said grant.
4. I understand that if I am a recipient of a grant pursuant of this application, there is no legal obligation on my part (unless specified above) to repay the grant. However, since I also understand that the purpose of Fresno County Medical Society Scholarship Foundation is to provide a perpetual revolving fund, I further recognize that as a beneficiary of the fund, I would have a strong and clear moral obligation to contribute to the replenishment and maintenance of the foundation funds when I am financially able to do so, in order that other worthy and needy students may be similarly assisted.

\_\_\_\_\_ **Signature of Applicant**

\_\_\_\_\_ **Date**