



Pennsylvania Medical Society Alliance
"Physicians' spouses dedicated to the health of America"

Application for the Alliance Medical Education Scholarship Fund

Scholarships in the amount of \$2,500 each will be awarded to qualified students currently in their second or third year, who are residents of Pennsylvania and attending accredited Pennsylvania medical or osteopathic schools.

Eligibility Requirements — complete this questionnaire before proceeding

1. Are you a U.S. citizen? Yes No
2. Are you a qualified resident of Pennsylvania? Yes No
(i.e., A resident at least 12 months before registering as a medical student. These 12 months could not have been for the purpose of attending undergraduate/graduate school at a Pennsylvania institution)
3. Are you enrolled full time in an accredited Pennsylvania medical/osteopathic school? Yes No
4. Are you currently a second-year or third-year medical student? Yes No

If you answered "yes" to ALL the aforementioned questions, you are eligible for the Alliance's medical student scholarship. In awarding scholarships, the Alliance does not discriminate. You may proceed and complete this scholarship application.

5. **Applicant, once designated a scholarship recipient, must reply by a specified deadline date to confirm attendance, noting the recipient is required to be present to accept the scholarship. If designated recipient is not present, the next applicant by point standing will receive the scholarship.**

Information

- The Scholarship can only be used for tuition, fees, books, supplies and equipment.
- The Scholarship check will be made payable to the medical/osteopathic school.
- The Scholarship will apply to the second semester of the ensuing academic year.
- The Scholarship will be presented to the recipient at the Alliance's Convention fundraiser held in mid-October in Hershey, PA.

Instructions

- Please complete this application by typing or printing clearly using a dark ink.
- Understand that "you" and "your" on this form indicates the student who is applying for a scholarship.
- When there is a box "☐" provided to indicate your selection, please mark the box with an "x". (Ex. ☒)
- Application materials must be postmarked by March 15 of the current year.
- Finalists may be called for personal interviews by the AMES Fund Committee.
- All applicants will be notified by June 1 of the current year.

Forward the following to the AMES Fund of the Pennsylvania Medical Society Alliance:

- 1) Scholarship application (Need based on financial, merit, leadership and service).
- 2) Two reference letters (personal and academic).
- 3) A letter of verification and recommendation from the medical school.
- 4) A one-page statement of your vision for the future of Pennsylvania medicine.

777 East Park Drive, PO Box 8820 ■ Harrisburg, PA 17105-8820
Phone: (717) 558-7750 ■ Fax: (717) 558-7841 ■ Email: alliance@pamedsoc.org

This medical scholarship is made possible by the Pennsylvania Medical Society Alliance through fund-raising events and by general and memorial contributions.

[The Fund is administered by The Foundation of the Pennsylvania Medical Society (www.pmsfoundation.org), 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.]

Student Information

Your title (optional): Mr. Miss, Mrs., or Ms.

Your name: _____
First name M.I. Last name

Social Security #: _____

Your mailing address: (All mail will be sent to this address)

Number and street (include apartment number)

City State Zip Code

Your mailing address telephone #: (_____) _____

Your e-mail address: _____

Your legal/permanent address: (If different from above address)

Number and street (include apartment number)

City State ZIP Code

Legal/permanent address telephone #: (_____) _____

County of legal/permanent residence: _____

Marital status: Single Married Separated Divorced Widowed

Date of birth: ____/____/____
Month Date Year

Number of children/dependents? (other than spouse) _____

What date did you become a bona fide legal resident of Pennsylvania? _____
Month Year

Educational Information

**High school
attended:**

Name City State

Time period attended (mo. & yr.) Did you graduate? Yes No

**College
attended:**

Name City State

Time period attended (mo. & yr.) Did you graduate? Yes No

Course taken/Degree earned

**Other
school
attended:**

Name City State

Time period attended (mo. & yr.) Did you graduate? Yes No

Course taken/Degree earned

If education was interrupted because of illness, military service, employment, etc., please explain giving dates and circumstances.

Medical/Osteopathic School Information

**Medical/Osteopathic
school name:** _____

**Medical/Osteopathic
school address:** _____
Number and street

City State ZIP Code

First year/freshman start date: _____ **Graduation/end date:** _____
Month Year Month Year

Leadership/Community Service

List Leadership positions held and Community Service rendered (If submitted blank, it will be assumed that you did not hold any Leadership positions nor provided any Community Service.)

Financial Information — Indebtedness

Your Educational Indebtedness:

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

You and Your Spouse's Indebtedness:

Automobile loan(s)	\$ _____
Credit cards	\$ _____
Personal loans	\$ _____
Other (please specify)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL INDEBTEDNESS	\$ _____

Financial Information — Sources of Income

(Yearly totals only)

2007 Income Earned from Work (You) \$ _____

2007 Income Earned from Work (Spouse) \$ _____

TOTAL INCOME EARNED FROM WORK \$ _____

Will there be any significant changes to the 2007 income earned from work total during the 2007-2008 academic year? **If yes, explain in the space provided below.**

Financial Information — Miscellaneous

Do you know if you will receive any scholarships and/or grants for the 2008-2009 academic year? **Yes** **No**

If yes, how much do you expect to receive for the 2008-2009 academic year? \$ _____

Will you receive financial assistance from your parents, other relatives or friends during the 2008-2009 academic year? **Yes** **No**

If yes, how much do you expect to receive for the 2008-2009 academic year? \$ _____

Will you receive any untaxed income and/or benefits (i.e., child support, social security benefits, workers' compensation, welfare, etc.) during the 2008-2009 academic year? **Yes** **No**

If yes, how much do you expect to receive for the 2008-2009 academic year? \$ _____

Will you receive any other source of income not identified above? **Yes** **No**

If yes, how much do you expect to receive for 2008-2009 academic year? \$ _____

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. I grant the AMES Fund the authority to verify any of the information and authorize the school that I am attending to release to the AMES Fund Committee my grades and all other data requested to meet its requirements and guidelines.

Date _____ Applicant's signature _____

Please return all application materials to the AMES Fund, c/o Pennsylvania Medical Society Alliance
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www.pamedsoc.org/alliance ■ www.foundationpamedsoc.org