

# WELSFORD AND MILDRED CLARK MEDICAL MEMORIAL SCHOLARSHIP FUND

## *APPLICATION*

Applications properly completed and signed should be returned to: Waterbury Medical Association, One Regency Drive, P.O. Box 30, Bloomfield, CT 06002.

## *GENERAL INFORMATION AND ELIGIBILITY REQUIREMENTS*

Scholarships are granted upon application to those students who seem best to satisfy the requirements of the Welsford and Mildred Clark Medical Memorial Trust Fund in the amount of up to \$20,000 within the limits of the funds available. Review of applications and the selection of winners have been assigned by the Trust Fund to the Waterbury Medical Association.

The eligibility requirements for this scholarship award are:

1. Resident of Connecticut for five years. If you did not attend high school in Connecticut, please explain how you meet this requirement and state where you are registered to vote.
2. Third-year (M.D., D.O.) medical students (Scholarship Award to cover 4<sup>th</sup> year costs).  
**(IF student is graduating after 3 years, application must be received during the second year of medical school)**
3. Enrollment in a not-for-profit medical school accredited by the LCME, COCA and/or the World Health Organization.
4. Financial need.
5. Academic excellence determined by a copy of the applicant's transcript and the results of participation in Part I of the National Boards.
6. Extracurricular interests and community service.
7. Letters of recommendation from two faculty members and your Dean submitted directly to the Committee.
8. Statement of the applicant's method of financial support during the previous years of medical school including a personal income statement of the applicant and spouse, if married.
9. A written statement concerning the applicant's plan for his or her medical career.

Please do not duplicate this application to a double sided version or staple any requirements together.

Completed applications will be accepted through April 30 of the applicants third year in medical school. Winners will be announced on July 1 of the same year.

*THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS*

In order to judge your degree of need and your qualifications, the following specific information is required. So far as practicable, it will be regarded as confidential.

In view of the facts set forth below, I hereby make application for financial aid for the year 20\_\_\_\_ to 20\_\_\_\_ in accordance with the conditions specified above which I have read.

Legal name in full \_\_\_\_\_

Anticipated year of M.D. degree \_\_\_\_\_ Email: \_\_\_\_\_

1. Local address for the coming school year:

Street \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Home address:

Street \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

2. Name & Address of High School \_\_\_\_\_

Ranking in your graduating class \_\_\_\_\_

3. Premedical education (College or University): \_\_\_\_\_

Quality Point Average: \_\_\_\_\_

4. Medical School: \_\_\_\_\_

Name of Financial Aid Officer at Medical School \_\_\_\_\_

5. Father's (or guardian's) name in full \_\_\_\_\_ Living \_\_\_\_\_

6. Mother's maiden name in full \_\_\_\_\_ Living \_\_\_\_\_

7. Father's occupation \_\_\_\_\_

8. Mother's occupation \_\_\_\_\_

9. Your date of birth (MM/DD/YYYY) \_\_\_\_\_

10. Country of birth \_\_\_\_\_

11. If foreign born, are you a naturalized citizen of the United States? \_\_\_\_\_

12. Please explain how you have been a legal resident of Connecticut for five years prior to applying. Where are you registered to vote?

\_\_\_\_\_

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13. Total annual gross income of parents or trust funds  
\$\_\_\_\_\_ earned by \_\_\_\_\_ individuals.  
(Note: No application will be considered unless this information is provided.)
14. Number of dependents supported wholly or in part from incomes stated under  
Question 13. \_\_\_\_\_
15. Are you married? \_\_\_\_\_ Do you contribute to the support of others? \_\_\_\_\_  
If so, explain circumstances. \_\_\_\_\_
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16. State below plans towards self-support for the coming year. \_\_\_\_\_
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17. Please list any other scholarship awards or assistance you have received during  
medical school. \_\_\_\_\_
18. Give as personal references the full names and addresses of two present  
members of your medical school faculty and the Dean. Please be sure all three  
letters are sent directly to the Committee.
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19. Please list extracurricular interests and/or community service.
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20. Give details of present indebtedness? This may be included with personal  
finance statements. (see below) You must write the total amount of your  
indebtedness here.
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21. Please state in 150 words or less on an attached 8<sup>1/2</sup> x 11 sheet of paper, your  
plans for your medical career, including area of specialization, type of practice  
and location of practice.

22. Please include the following with this completed application.
- A. Medical school transcript
  - B. Results of Part I of the Medical Boards
  - C. Personal financial statement of applicant and spouse, if married
  - D. Complete statement of medical school expenses - tuition, room, board, books, etc. for the first three years of medical school

*CERTIFICATION*

- (1) I hereby certify that I will use the proceeds of the scholarship only for payment of tuition and required feed, room and board, the purchase of books, instruments and other necessary school supplies and equipment.
- (2) I hereby acknowledge that the information submitted herewith is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For office use only

**ACTION ON APPLICATION**

- 1. Scholarship approved in the amount.....\$ \_\_\_\_\_
- 2. Scholarship denied - explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_

Waterbury Medical Association Official:

\_\_\_\_\_  
 Chairman, Selection Committee