

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 within the limits of the funds available. Review of applications and the selection of recipients have been assigned by the Trust Fund to the Waterbury Medical Association.

The eligibility requirements for this scholarship award are:

1. You must, at any time during the twelve years preceding your application, have maintained continuous residence in Connecticut for a period of at least five years. Please explain how you meet this criteria.
2. M.D & D.O. medical student applicants **must apply the year BEFORE graduation. The Scholarship will be applied to the last year of medical school.)**
3. Enrollment in a 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 year prior to the applicant's graduation from medical school.

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. or D.O. 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: _____ School ID# _____

Name of Financial Aid Officer at Medical School_____

Mailing Address for Bursars Office:

Street_____

City_____ State/Zip_____

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 list all dates during which you maintained continuous residence in Connecticut for at least five years.

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. How many people are your parents supporting financially? You may explain if you choose to do so. _____
15. Are you married? _____ Do you contribute to the support of others? _____
If so, explain circumstances. _____

16. State below plans towards self-support for the coming year. _____

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.

19. Please list extracurricular interests and/or community service.

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.

21. Please state in 150 words or less on an attached 8^{1/2} 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_____

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