



Wisconsin Medical Society Foundation

Victor A. Baylon, MD Memorial Scholarship Application Information and Instructions

Purpose

The purpose of the Victor A. Baylon, MD Scholarship Fund is to assist outstanding students from Racine or Milwaukee Counties who wish to pursue training or advanced education as doctors of medicine, medical technologists, or clinical laboratory scientists.

Award amounts are determined based on the student's field of study and financial need.

Eligibility

- You must be a United States citizen.
- You must be a full-time student enrolled in an accredited clinical laboratory scientist / medical technologist program or in medical school.
- You must be a resident of Racine or Milwaukee County at the time of application or a graduate of a high school in Racine or Milwaukee County.

Application Deadline

Applications must be received by **February 1** prior to the academic year in which the student wishes to attend.

To simplify interviews and administration, preference will be given to candidates from Wisconsin who are attending an educational institution in Wisconsin.

For medical students, preference will be given to those pursuing Pathology.

Selection

Scholarships are recommended by a review committee that evaluates applicants on the following criteria:

1. Financial need
2. Academic achievement
3. Personal qualities and strengths
4. Letters of recommendation

*** IMPORTANT INSTRUCTIONS ***

It is the applicant's responsibility to see that all supporting documents are submitted in one package to be received by the Wisconsin Medical Society Foundation by February 1.

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| 1. Application form | Send to: Executive Director |
| 2. Personal statement | Wisconsin Medical Society Foundation, Inc. |
| 3. Transcripts | PO Box 1109 |
| 4. Letters of recommendation | Madison, WI 53701 |
| 5. Financial Award Letter (if available) | Phone: 608.442.3800 or 866.442.3800 |
| | Fax: 608.442.3851 |

All candidates will be notified of their application status by April 1.

APPLICATION

Please read the general information and instructions before completing the application.

1. Name: Mr. Mrs. Miss Ms. (Circle One)
Last _____ First _____ Middle _____
2. Address while attending school:
Number and street _____ Apt. no. _____
City _____ County _____ State _____ ZIP _____
3. Telephone (____) _____ E-mail _____
Birth date _____ Birth place (city and state) _____
4. Permanent address:
Number and street _____
City _____ County _____ State _____ ZIP _____
Telephone (____) _____
5. Name of college or university enrolled - fall _____
College address _____
City _____ State _____ ZIP _____
Financial aid office telephone (____) _____
6. Major _____ Number of credits - fall _____
7. Your class standing in medical school or other health program for the school year you are applying for (check one)

Vocational College	Four-Year College or University	Medical/Graduate School
<input type="checkbox"/> First Year	<input type="checkbox"/> Freshman	<input type="checkbox"/> First Year
<input type="checkbox"/> Second Year	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Second Year
	<input type="checkbox"/> Junior	<input type="checkbox"/> Third Year
	<input type="checkbox"/> Senior	<input type="checkbox"/> Fourth Year
8. Anticipated graduation date _____ Student ID# (if known) _____
9. Present grade point average (GPA) _____
10. Undergraduate grade point average if you are a medical student _____
11. Are you a United States citizen? Yes No
12. Name of high school attended _____
City _____ County _____ State _____ ZIP _____
13. Are you a transfer student from a vocational college this year? Yes No
14. Father's name _____ Occupation _____
Address _____ Telephone (____) _____
City _____ County _____ State _____ ZIP _____
Mother's name _____ Occupation _____
Address _____ Telephone (____) _____
City _____ County _____ State _____ ZIP _____

15. Name of college or organization from which you received this application _____

16. Newspaper(s) to contact if awarded a scholarship.

Name _____ City _____

Name _____ City _____

Name _____ City _____

17. Personal Statement:

Please attach to this application a one to two page personal statement in which you address the following: a) family background; b) achievements; c) current higher education status; d) career goals; e) financial need for this scholarship; and f) any other information relevant to this application. This statement is one of the most important aspects of this application and is the equivalent of an interview. Substitute personal statements and resumes intended for other institutional admission or selection committees will result in fewer points.

18. Transcript:

A transcript of recent high school or higher education work must accompany this application. First-year medical school students should send their undergraduate transcripts.

19. Reference:

Two letters of recommendation are required, preferably from school officials who can discuss your academic and personal achievements as well as your potential for future success. Please have those persons comment on your present enrollment, academic status and ranking among peers. It would also be helpful if the letter addressed qualities such as maturity, motivation, self-confidence, leadership and commitment. The letters should be sent with the application to be received by the Wisconsin Medical Society Foundation by February 1.

APPLICANT'S STATEMENT

20. Please estimate your living costs and income for the academic year for which you are applying.

ESTIMATED COSTS

Tuition \$ _____

Books & educational supplies _____

Rent or mortgage & utilities _____

Transportation/car payments _____

Household (including insurance, _____

living expenses, food)

Medical/Dental _____

Other _____

Explain: _____

Total cost for the academic year \$ _____

ESTIMATED INCOME

Earnings of applicant \$ _____

Earnings of spouse _____

Parental contribution _____

Savings _____

Assistance from gov't agencies _____

Scholarships _____

Fellowships _____

Grants _____

Veterans benefits _____

Other _____

Explain: _____

Total income for the academic year \$ _____

Expected unmet need \$ _____

(Subtract total Income from total cost)

Student loans for the academic year \$ _____

If you have applied for financial aid at your institution for the current academic year, please enclose a copy of your Financial Award Letter, if available.

In estimating your costs, please refer to your financial aid office and other college support service personnel who may be able to assist you in determining your school's estimation of tuition and fees, books and supplies, room and board, transportation, and other costs.

FAMILY FINANCIAL STATEMENT

Please complete the financial sections as thoroughly as possible since the family financial situation is an important element in determining awards. We need to know how you will support yourself while at school and what unmet financial support you need to complete the school year. We also require that your financial situation be presented as part of your personal statement.

21. If you have been employed during the regular school year or expect to be employed this year, complete the following:

Type of work _____ Hours per week _____ Monthly salary \$ _____

22. Marital status: Single Married Single parent

23. Number of children if married or single parent _____

24. Number of brothers and sisters claimed as dependents by parents _____

How many in college, including yourself _____

25. Parents' current marital status:

Single Separated Divorced Married Widowed

26. Are you considered self-supporting for financial aid purposes based on federal financial aid (FAFSA) criteria?

Yes No

27. If not self-supporting, please complete parent income information:

Father's annual income level:

- Below \$20,000
- \$20,000-\$30,000
- \$31,000-\$40,000
- \$41,000-\$50,000
- \$51,000-\$60,000
- Above \$60,000

Mother's annual income level:

- Below \$20,000
- \$20,000-\$30,000
- \$31,000-\$40,000
- \$41,000-\$50,000
- \$51,000-\$60,000
- Above \$60,000

28. Total school debt to-date (student loans): \$ _____

29. CERTIFICATION:

All of the information provided is complete and accurate to the best of my knowledge. I hereby give the Victor A. Baylon, MD Scholarship Fund Selection Committee permission to share this information, with the exception of my financial information, for the purpose of recruitment, and public relations. I further certify that I am currently enrolled in a medical school or in a nursing or related health career program at an accredited college or university for the upcoming academic year, and will use the Foundation Scholarship Award toward expenses related to my education. Falsification of information may result in termination of any scholarship granted. All application materials become the property of the Wisconsin Medical Society Foundation.

Signature _____ Date _____