



# Wisconsin Medical Society Foundation

## General Scholarship Application Information and Instructions

### Purpose

The mission of the Wisconsin Medical Society Foundation is to advance the health of the people of Wisconsin by supporting medical and health education. The Foundation's Scholarship Program offers support to outstanding medical students and to those pursuing other direct patient care health careers identified as having critical workforce shortages.

**Currently, this limits eligibility to medical students, nurses (min. 2-yr. program), respiratory therapists, physical therapists and occupational therapists.**

### Eligibility

- You must be a United States citizen.
- You must be a full-time student enrolled in a medical school or in one of the health career programs listed above at an accredited institution in Wisconsin.
- You must have completed or be in the process of completing at least one year of medical school or a qualifying health career program.
- For students pursuing a medical degree, no awards are granted to undergraduate school.
- Preference is given to candidates closer to completing their degree.
- Preference is given to candidates from Wisconsin who are attending school in Wisconsin.
- Preference will also be given to those who demonstrate ties to their community and a desire to practice in Wisconsin upon completing their training.
- There may be additional eligibility and application requirements specific to each scholarship fund. (Visit [www.wisconsinmedicalsociety.org/foundation](http://www.wisconsinmedicalsociety.org/foundation) for details.)

### Application Deadline

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

### Selection

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

- Financial need
- Academic achievement
- Personal qualities and strengths
- Letters of recommendation

Please check the Scholarship(s) you are applying for (Visit [www.wisconsinmedicalsociety.org/foundation](http://www.wisconsinmedicalsociety.org/foundation) for details.)

- General Medical Education Scholarships
- Goodman-Goodell Scholarship
- Robert Jason Gore Scholarship
- John D. and Virginia Riesch Scholarship
- Catherine Slota-Varma, MD Scholarship
- Rukmini and Joyce Vasudevan Scholarship

### \*\*\* IMPORTANT INSTRUCTIONS \*\*\*

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

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| 1. Application form                      | Send to: Executive Director                |
| 2. Personal statement                    | Wisconsin Medical Society Foundation, Inc. |
| 3. Transcripts                           | 330 E Lakeside St, Madison, WI 53715       |
| 4. Letters of recommendation             | Phone: 608.442.3800 or 866.442.3800        |
| 5. Financial Award Letter (if available) | Fax: 608.442.3851                          |
| 6. Photo (requested but not required)    |                                            |

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)  

<b>Vocational College</b>	<b>Four-Year College or University (allied health care programs to include nursing)</b>	<b>Medical/Graduate School</b>
<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 including practice type(s) of most interest (specialty, primary care, urban, rural, academic, research, etc.); e) financial need for this scholarship; and f) any other information relevant to this application. This statement is an important aspect of this application and is the equivalent of an interview.

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 \$ \_\_\_\_\_

