

Middlesex North District Medical Society

THE HUGH MAHONEY SCHOLARSHIP FUND

- In Memory of a Fine Doctor and His Family -

Purpose: To encourage and support young men and women from the Greater Lowell area currently enrolled in an accredited school of medicine or osteopathy.

SCHOLARSHIP APPLICATION

Name: _____ **Tel. No.** _____

Address: _____ **Date of Birth:** _____

Permanent Address: _____

E-Mail Address: _____

Father or Guardian's Name: _____

Address: _____

Occupation: _____ **Salary:** _____

Mother or Guardian's Name: _____

Address: _____

Occupation: _____ **Salary:** _____

Siblings: Age School or Employment Year in School Self-supporting

Education: List all secondary schooling including high school, college, post-graduate, institutes & special programs.

Name of School Location Dates Attended Degree

Anticipated Annual Financial Needs:

Tuition: _____

Room & Board: _____

Transportation: _____

Other (Specify): _____

TOTAL: _____

Present Financial Resources:

Parent's & Relative's Help: _____ **Own Earnings & Savings:** _____

Spouse's Earnings & Savings: _____ **Scholarships:** _____

Grants: _____ **Loans:** _____

TOTAL: _____

Present School Enrollment: _____

Secondary School & College Achievements: List honors, awards, etc., received ...

Extra-curricular & Community Activities: Clubs, offices held, sports, hobbies, other interests ...

Work Experience: List significant employment from 9th grade to present.

Position Name of Employer Dates of Employment

Personal Essay: **Please give a brief biographical sketch to include pertinent information that you feel will help the Committee to reach a decision on your application.**