Middlesex Central District Medical Society

Medical Student Scholarship Application

I. Personal Information

Name:
Text/Tel No:
Any other phone number:
Email:
Date of Birth:

Address:
How long have you lived at this address? ___ years

Permanent MA Address:
How long have you lived at this address? ___ years

E-Mail:

Medical School where enrolled:
Expected Date of Graduation:

II. Personal Financial Information:

Current/Anticipated Annual Financial Needs
Tuition_____ Room and Board_____
Transportation_____ Other_____
(specify)
Total_____

Current/Anticipated Annual Financial Resources:
Please comment on resources, including Existing Scholarships, Military or National Health Service Core or other scholarships/aid/grants; other grants; other loans; parents/spouse/family/personal contribution; other resources: etc. _____
(use as much space as needed)
Annual Total estimated _____

III. CV or on a separate attached sheet of paper, please list:

1) Education: List all schooling prior to current one including graduating high school, college, post-graduate and special programs), School Names, Location, Dates, Degree
2) College and Medical School Achievements: List Awards, Honors, etc.
3) Work - previous and current employment, position, name of employer, dates.
4) Extra-curricular & Community Achievements: clubs, offices held, sports, hobbies, Interests

IV. Brief letter to Middlesex Central District discussing your vision for your career as a physician, and highlight any valuable learning experiences so far.

V. Submit completed application to Waqaas Bhutta at wbhutta@mms.org

I certify that the information provided above is complete and accurate.

Date: _____

Signature: _____

Please indicate if electronically signed: _____