



Active Minds Changing Lives

Scholarship Application

Whatcom County Medical Society Scholarship

Scholarship Title

WHATCOM COUNTY MEDICAL SOCIETY SCHOLARSHIP

The Whatcom County Medical Society Scholarship was established for pre-med students at Western Washington University (WWU). One \$500 scholarship will be awarded to a qualified WWU student who is pursuing a pre-med track.

QUALIFICATIONS:

1. Pursuing a curriculum in preparation to attend medical school
2. Completion of 90 or more credits
3. "B" grades or better in Chemistry 351, Physics 114, and Biology 206
4. Minimum 3.5 GPA

APPLICATION PROCEDURE:

A packet containing an application and recommendation forms is available in Old Main 380, Academic Advising Center and in Old Main 280, Career Services Center. The packet is also available online (in PDF form) on the Career Services Center website, www.careers.wwu.edu.

Materials to be submitted include:

1. Application form,
2. Unofficial transcript (academic history available from WWU's Web),
3. An application letter to the Whatcom County Medical Society Scholarship Committee addressing your academic and professional goals, and
4. Two letters of recommendation from Western Washington University faculty.

DEADLINE:

April 18, 2012 (postmarks accepted). It is the applicant's responsibility to assure that all application materials are received by the deadline. Return all documents as one packet to:

Academic Advising Center,
A unit of Academic and Career Development Services
Old Main 380
Western Washington University
516 High Street
Bellingham, WA 98225-9029
FAX (360) 650-7910
PHONE (360) 650-3850

Note: Be prepared to meet with the Whatcom County Medical Society upon request.



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2012-2013 Scholarship Application

Whatcom County Medical Society Scholarship

Personal Information

Applicant Name (Last, First, M.I.) _____ Student Number _____

E-Mail Address _____ Birthdate (Optional) _____ Social Security Number _____

Permanent Address (Street, City, State and Zip) _____ Permanent Phone Number _____

Current Local Address (Street, City, State and Zip) _____ Current Local Phone Number _____

U.S. Citizen? Yes No WA State Resident? Yes No; Resident of what state? _____ Marital Status (Optional) Single Married

What race/ethnicity do you consider yourself? Check all that apply (Optional)
 American Indian/Alaska Native Spanish/Hispanic
 Asian/Pacific Islander White/Caucasian
 Black/African American Other _____

Educational Information

Current Class Status: Freshman Sophomore Junior Senior
 Fifth-year Certification Post-baccalaureate Masters
 Other _____

Academic Major: _____ Minor: _____

Proposed Occupation: _____

Cumulative GPA _____ Major GPA _____ Expected Graduation Date _____

List all prior high schools, colleges and universities attended:

Name of School	Location	Month and Year Attended (From – To)	Year Graduated	Credit Hours Earned Quarter/Semester	Cumulative GPA
		-		/	
		-		/	
		-		/	
		-		/	

Parental/Guardian Information

Father/Guardian Name _____ Mother/Guardian Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____



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Whatcom County Medical Society Scholarship

Supplemental Information

The following items must be typed or word-processed on separate sheets of paper. Please note the item number or question and your name on each page.

1. List significant activities and honors attained while in high school and college. Also, list volunteer activities and employment information. If you prefer, this summary may be written in a résumé style.
2. Provide a brief statement regarding your educational and career goals.
3. Provide a brief statement describing your need for scholarship funds.

Letters of Recommendation

List the names and positions from whom the Scholarship Committee will receive recommendations.

_____	_____	_____
Last Name	First Name	Position
_____	_____	_____
Last Name	First Name	Position

Signed Authorization/Certification

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the release of my grade transcript and the extent of my financial need to interested donors of scholarships who request this information.

_____	_____
Signature of Applicant	Date

APPLICATION DEADLINE IS April 18, 2012

Western Washington University is committed to equal opportunity and non-discrimination in all programs and activities and does not discriminate on the basis of race, color, ethnicity, creed, religion, national origin, sex, age, disability, marital status, sexual orientation, Vietnam-era or disabled veteran status.

Submit your completed scholarship application along with the required copies to:

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PHONE: (360) 650-3850**

WHATCOM COUNTY MEDICAL SOCIETY SCHOLARSHIP

FACULTY RECOMMENDATION

Student's name: _____

Please write or type your recommendation in this space and sign this form or attach your signed recommendation on letterhead stationary.

Faculty signature _____

Typed or printed name _____

Western Washington University department _____

Return this completed form to the applicant.

*It is the applicant's responsibility to assure that all application materials are on file in the Academic Advising Center by the **deadline: April 18, 2012.***

Applicant: Return all documents as one packet to Academic Advising Center, Western Washington University, 516 High Street, Old Main 280, Mail Stop 9029, Bellingham, WA 98225-9029. FAX (360) 650-7910, PHONE (360) 650-3850.

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