

Upstate Medical Alumni Scholarship: 2016
\$2,500 Samuel G. Rosenthal, MD '64 Scholarship
Basic Information Application Form

Eligibility:

1. **Class of 2017** College of Medicine medical student in good academic standing.

Required Materials:

1. **Basic Information Application Form:** Fill out the Student Information section below and submit this form to Medical Alumni Office.
2. **Essay:** Write a **one page or less** statement that describes "an instance in your life where you fought for what you believed was right. The instance should appropriately describe you as a person who strongly represents the moral qualities, ethical standards, and principles of your character".
3. **Letter of Support:** Submit a letter of support from a dean, faculty member or advisor in the College of Medicine, reacting to above statement. **Please note that mentors may prefer to submit this document directly to us. Please have them email clarkkr@upstate.edu or send via mail to the below address.**
4. **Unofficial transcript:** Transcript can be obtained at: <https://bannerweb.upstate.edu/>

ALL Materials Due by Thursday, March 31, 2016

Applications and materials can be submitted online at:

<http://medalumni.upstate.edu/student-scholarships>

All materials can also be submitted via email, fax or hardcopy to:

Kristen Piescik
Upstate Medical Alumni Office
Setnor Academic Bldg., Ste.1510
750 E. Adams St., Syracuse, NY 13210
Email: clarkkr@upstate.edu
Fax: (315) 464-4360

Questions: Call (315) 464-4361 or email clarkkr@upstate.edu

Student Information: (Please complete all sections; incomplete forms will be disqualified)

Applicant's Name: _____

Current Address: _____

Telephone Number: _____ Email: _____

Anticipated date of graduation: _____

Current Activities: _____

I understand that the information contained in my application is for the purpose of the Medical Alumni Foundation to evaluate and consider my request to receive a scholarship. I understand that the Medical Alumni Scholarship Committee may contact officials at Upstate Medical University to discuss my application and give permission for them to release information.

Applicant Signature: _____ **Date:** _____

Recipients will be notified no later than July 31. This scholarship will be awarded at the Annual Medical Alumni Scholarship Reception on Friday, September 23, 2016, and will offset tuition for spring 2017.

Office Use only:
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