



Lancaster Medical Society Foundation  
C/O Lancaster City & County Medical Society  
PO Box 10963  
Lancaster, PA 17605-0963

## 2024 Student Application for Foundation Scholarship

### Contact Information:

\_\_\_\_\_  
First Name Middle Initial Last Name

Home Address \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip Code

Date of Birth \_\_\_\_\_ US Citizen Yes \_\_\_ No \_\_\_ Lancaster County Resident Yes \_\_\_ No \_\_\_

### Undergraduate College Attended:

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Major \_\_\_\_\_ Graduation Date \_\_\_\_\_

### Medical School for which Applicant Scholarship is Requested:

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

### Other Dependent Family Members in Same Household (e.g. spouse, children):

Name	Relationship	Age	Indicate School Grade, College or Other

### Personal References (unrelated to applicant):

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

### Other Scholarships, Grants and Loans Applied for and/or Received:

\_\_\_\_\_

\_\_\_\_\_

**Your income, expense, and asset information for the year (January 1 to December 31, 2023):**

This information should be taken from a completed tax form - filing date 4/15/2024.

If married, please include joint information.

- 1. Adjusted gross income..... \$ \_\_\_\_\_
- 2. Total U.S. income tax paid ..... \$ \_\_\_\_\_
- 3. Non-taxable income: Social Security Benefits, Child Support, welfare, other.... \$ \_\_\_\_\_
- 4. Medical/Dental expenses not paid by insurance..... \$ \_\_\_\_\_
- 5. Cash, savings, bonds, stocks, checking accounts, certificates of deposit, notes \$ \_\_\_\_\_
- 6. Number of exemptions..... \$ \_\_\_\_\_

**Additional Information:**

Parents' current marital status is: single\_\_\_\_married\_\_\_\_separated\_\_\_\_divorced\_\_\_\_widowed\_\_\_\_

Total number of family members who will be attending post-secondary school at least half-time during the 2024-2025 school year, including applicant: \_\_\_\_\_

**Signatures:**

\_\_\_\_\_ Date Completed \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Date Completed \_\_\_\_\_  
Spouse's Signature (if applicable)

**The documents below MUST be accompanied with this form. All application packets must be postmarked or received by July 1, 2024:**

- 1.) This form must be sent to the address provided on page one.
- 2.) Please include a one-page cover letter that includes why you have chosen medicine as a career.
- 3.) Please include a copy of your personal, individual federal income tax form for the current year.
- 4.) Please include a copy of your parents' federal income tax form for the current year (unless completely independent from parents & paying for your entire medical school expense by yourself).
- 5.) Please include or mail separately, a transcript of your grades.
- 6.) Please include a resume of work experience.

**PLEASE NOTE:** Two (2), single-sided copies of the complete application packet should be provided to the Foundation for consideration. The Lancaster Medical Society Foundation will not process applications found to be incomplete.

**MEMBERSHIP REQUIREMENT:** Applicants must be current members of Lancaster City & County Medical Society (or other county medical society); for more information or to join now, please visit [www.pamedsoc.org/join](http://www.pamedsoc.org/join).

*The Lancaster Medical Society Foundation grants scholarships to students from Lancaster County planning to attend or attending medical school, who demonstrate academic achievement, show good character and motivation and demonstrate financial need. Awards are made without regard to race, creed, color or gender. Academic achievement, character and motivation are taken into consideration.*

*The scholarship recipient or recipients will be notified no later than September 30, 2024. The number of scholarships and the amount of the scholarships to be granted will be determined by the Board of Directors through careful consideration of the funds available.*