

# Lancaster Medical Society Foundation 2026 Scholarship Application

**Contact Information:**

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

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

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

Date of Birth: \_\_\_\_\_ US Citizen: Yes\_\_\_ No\_\_\_ Lancaster Co. Resident: Yes\_\_\_ No\_\_\_

Email Address: \_\_\_\_\_

**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

Initial enrollment date: \_\_\_\_\_

**Briefly describe your connection to Lancaster County:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*An optional letter of recommendation from an active member of the Lancaster County community may be included with your application.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE BE SURE TO READ ALL REQUIREMENTS BELOW.**

**All application packets must be postmarked or received by July 1, 2026.**

**Two (2), single-sided copies of the complete application packet must be provided to the Foundation for consideration.**

**Please ensure the following is complete or your application will not be considered for an award.**

- 1.) Application forms must be mailed to the address below.
- 2.) Include a one-page essay that describes why you have chosen medicine as a career and your anticipated contribution to Lancaster County as a physician.
- 3.) Include a transcript from your undergraduate, postgraduate, and medical school institutions as applicable. These may also be mailed directly from the institution.
- 4.) Include a current CV.

**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).

Scholarship recipient(s) will be notified no later than September 30, 2026. The number of scholarships and the amount of the scholarships granted each year will be determined by the Board of Directors through careful consideration of the funds available.

Awardees are expected to attend the annual Holiday Social & Foundation Benefit event held on December 5, 2026 (in-person attendance is preferred; a video or written message for LCCMS members and the community as an acknowledgment of the award may also be requested).

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*The Lancaster Medical Society Foundation grants scholarships to students with a strong connection to Lancaster County, who are planning to attend, or are currently attending, an accredited medical school. Successful applicants must demonstrate academic achievement, community involvement and a commitment to contributing to Lancaster County as a physician. Awards are made without regard to race, creed, color or gender.*

