

Baltimore City Medical Society Foundation, Inc.

Scholarship Application

1211 Cathedral Street, 3rd Floor
Baltimore, Maryland 21201
Phone: (410) 625-0022 Fax: (410) 385-0154
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www.bcmsdocs.org

Baltimore City Medical Society Foundation, Inc.

The Baltimore City Medical Society Foundation was established by the members of the Baltimore City Medical Society in 1972 to support philanthropic activities in Baltimore City and to provide scholarships to medical school students who have Baltimore City as their permanent address. The members of the Foundation Board of Directors are members of the Baltimore City Medical Society elected annually as prescribed by the Foundation's bylaws.

Most of the Foundations funds are contributed by practicing physicians in Baltimore City. Additional income is received from patients, friends, and families wishing to honor a Society member. In 1991, a separate scholarship program was endowed in the name of the Medical Staff of North Charles General Hospital and Wyman Park Medical Services.

Scholarship eligibility

The BCMS Foundation awards scholarships to two general categories of medical school students.

1) Scholarships are awarded annually to medical school students who have Baltimore City as their permanent address and who have completed at least one year at an accredited United States medical or osteopathic school. Persons qualifying for these scholarships must have lived in Baltimore City for a minimum of three years while attending high school.

2) The North Charles/Wyman Park Medical Staff Scholarships are available to medical students with a permanent address in Maryland who have completed at least one year at either The Johns Hopkins University School of Medicine or the University of Maryland School of Medicine. Persons qualifying for this scholarship must have lived in the State of Maryland for a minimum of three years while attending high school.

Eligible students may apply for both scholarships, but only one scholarship will be awarded per student per year. **A scholarship will be granted to a student only one time.**

Number and amounts of scholarships

The number and value of awards are determined by the Foundation Board each year depending upon the funds available. Awards are announced by July 31. The grants are sent directly to the recipients' medical schools by September 1.

Criteria used to select recipients

All qualifying applicants will be considered. Awards are based on financial need, academic achievement, and personal qualities, which, in the judgment of the Scholarship Committee, demonstrate promise of success in the pursuit of a medical or osteopathic degree. Although there is no pay-back provision in the scholarship program, students are encouraged to return to practice medicine in Baltimore City following completion of their training.

How to apply

In order to be considered, **all of the following materials must be RECEIVED on or before June 1** each year by the **Baltimore City Medical Society Foundation**, 1211 Cathedral Street, Baltimore, MD 21201. **HAND DELIVERY OR US MAIL ONLY.**

- ❖ A completed and signed application on the form provided.
- ❖ A completed and signed financial aid statement on the form provided.
- ❖ Official undergraduate transcripts.
- ❖ Official medical/osteopathic school transcripts.
- ❖ A letter of recommendation, preferably from a member of the Baltimore City Medical Society or MedChi, The Maryland State Medical Society. **May be faxed to 410-385-0154.**

It is the applicant's responsibility to confirm receipt of all required information.

Baltimore City Medical Society Foundation, Inc.

Mail/Deliver to: 1211 Cathedral Street, Baltimore, Maryland 21201

Phone: (410) 625-0022

Scholarship Application

Baltimore City Resident Scholarship

North Charles/Wyman Park Medical Staff Scholarship

Are you a student member of the medical society?

Yes

No

Name _____
First MI Last

Date of Birth ____/____/____

Social Security Number ____ - ____ - ____

Permanent Address:

Zip _____

Phone _____ Cell: _____

Mailing Address:

Zip _____

Phone _____

Dates of Residency: Baltimore City _____ to _____

Maryland: _____ to _____

Spouse's Name _____

No. of Children _____

Spouse's Occupation _____

Place of Employment _____

Father's Name _____

Address _____

Zip _____

Occupation _____

Place of Employment _____

Mother's Name _____

Address _____

Zip _____

Occupation _____

Place of Employment _____

Email _____

High School _____

Address _____

Zip _____

Dates of Attendance _____ to _____

Undergraduate Institution _____

Address _____

Zip _____

Dates of Attendance _____ to _____

Degree _____

Major _____ Minor _____

Honors Received _____

Medical/Osteopathic School _____

Address _____

Zip _____

Date of Entry _____

I certify that the information given above is true and correct.

Applicant's Signature _____

Date _____

The following items must be submitted to the BCMS Foundation by June 1st:

- ❖ Completed and signed application
- ❖ Completed and signed financial aid statement on the form provided
- ❖ Official undergraduate transcripts
- ❖ Official medical school transcripts
- ❖ Letter of recommendation, preferably from a member of Baltimore City Medical Society or MedChi, The Maryland State Medical Society.

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Phone: (410) 625-0022 Fax- for Financial Aid Office ONLY: (410) 385-0154

Financial Aid Statement

(Must be completed by the medical school financial aid officer)

FOR ACADEMIC YEAR 2017-2018

Name _____

Social Security Number _____ - _____ - _____ Anticipated Graduation Date: _____

Name of Medical/Osteopathic School _____

EXPENSES

Tuition _____

Other Education Costs _____

Total Budget _____

Unmet Financial Need _____

Cumulative Educational Debt _____

RESOURCES

Student/Spouse Contribution _____

Parent Contribution _____

Grants/Scholarships _____

Subsidized Loans _____

Unsubsidized Loans _____

Other _____

Total Resources _____

Comments: _____

Signature _____ Date _____

Medical School Financial Aid Officer

Address _____

Zip _____

Phone _____ Fax _____

I, _____ grant permission to _____ Medical School Financial Aid Office to release the financial information necessary in order to complete this form.

Signature _____ Date _____

Return/Postmark to the BCMS Foundation by June 1st.