

MEDICAL STAFF SCHOLARSHIP

Muhlenberg Foundation | 80 James Street, Edison, NJ 08820

Phone: 732.321.7053 Fax: 732.632.1542

www.jfkmc.org/jfk-foundation/scholarships

APPLICATION

General Information for Applicants:

The Medical Staff Scholarship Fund for Medical Education was established in accordance with the minutes of the June 24, 2008 meeting of the MRMC Medical/Dental Staff. Annually, one (1) scholarship in the amount of \$10,000 will be awarded, based on financial need and academic achievement, to supplement the medical school education of a future physician whose permanent residence is in the tri-county (Union, Somerset and Middlesex) area served by the JFK-Muhlenberg Campus.

Applications will be reviewed by the Scholarship Committee and must be received by **May 1**.

Applications received after May 1 will not be considered.

(Please type or print all responses.)

1. Name: _____
2. Current Mailing Address: _____
3. Telephone Number: _____
4. Permanent Mailing Address: _____
5. Permanent Telephone Number: _____
6. Email Address: _____
7. Date of Birth: _____ Birth Place: _____ Sex: _____
8. Citizenship: _____
9. Military Status: _____
10. Marital Status: _____ Dependents: _____
11. Educational Background:
 - Undergraduate College: _____ Degree: _____
Address: _____
Date Graduated: _____
 - Post Graduate Studies (if any): _____
Address: _____ Years Completed: _____
 - Medical School: _____ Date Started: _____
Address: _____
Years Completed: _____
12. Academic period for which the student seeks financial assistance: _____
Name of institution student plans to attend or is attending: _____
Address: _____
Degree student ultimately wishes to obtain with scholarship: _____

(continued on next page)

13. Final undergraduate transcripts are required.
14. The student must furnish four (4) letters of reference, at least two of which must be academic references. Reference letters should be emailed to *heidi.cimilluca@hackensackmeridian.org* prior to **May 1**.
15. Student must provide a current FAFSA financial report.
16. Student must submit a one page, typed essay on why he/she seeks the Medical Staff Scholarship.

I hereby agree that any misstatements in, or omissions from, this application shall constitute cause for rejection of this application and forfeiture of the Medical Staff Scholarship.

Please note: This scholarship award is not renewable.

Signature of Applicant: _____ Date: _____

- Please ensure that your name is on each document submitted
- Completed applications and supporting documents should be submitted via US Mail or email in pdf format only to *heidi.cimilluca@hnhnn.org*.

Applications postmarked after **May 1** or received via email after **May 1** will not be considered.