



**Scholarship Fund of the
Worcester District Medical Society
321 Main St., Mechanics Hall
Worcester, MA 01608**

The Worcester District Medical Society founded in 1794, is a professional organization representing over 2,200 physicians and medical students in Central Massachusetts. The Society was established to advance medical knowledge, to develop and maintain highest professional and ethical standards of medical practice and health care, and to serve as an advocate for physicians and their patients.

The Scholarship Committee awards scholarships to medical students each year. The number and amounts offered are evaluated each year based on the monies available through donations and fund raising. The Committee will accept applications for 2017 beginning June 1, 2017.

The criteria for scholarship awards will be based on scholastic achievement, financial need and community service. **The applicant must be a legal resident of Central Massachusetts at the time of applying to medical school and currently attending an accredited medical or osteopathic school.** He/She must submit a current transcript, two letters of recommendation, and an essay stating the applicant's reasons for selecting a career in medicine and why they feel deserving of the award.

Application deadline is July 28, 2017. Only completed applications will be considered.

**Scholarship Program of the
Worcester District Medical Society**

<u>Eligibility</u>	2 nd , 3 rd , 4 th year students enrolled, (with a tuition obligation) in an accredited medical or osteopathic school and a legal resident of Central Massachusetts at the time of applying to medical school.
<u>Criteria</u>	Students in high academic standing who demonstrate involvement in community service and have a financial need.
<u>Process</u>	Students may request a scholarship application and packet beginning June 1 st for the following semester.
<u>Applications</u>	<p>The following materials are required for application:</p> <ul style="list-style-type: none">A. Completed application formB. Current transcriptC. Two letters of recommendation (preferred) if reapplying please include current letters of recommendations.D. Essay stating applicant's reasons for selecting a career in medicine, and why they feel deserving of the award. <p>The Scholarship Committee will review the candidates' applications and make a selection based on academic performance, community service and financial need.</p> <p>Telephone interviews may be conducted. Candidates should be prepared to discuss their involvement with community service. Personal interviews may be required.</p>
<u>Length of Funding</u>	Yearly – renewable upon request
<u>Amount</u>	2017 Awards to be determined
<u>Application Deadline</u>	July 28, 2017
<u>Application Information</u>	Applications may be obtained by contacting: Scholarship Fund of WDMS 321 Main Street, Mechanics Hall Worcester, MA 01608 Att: Michele Pugnaire, MD Email: wordmsa@massmed.org Telephone: (508) 753-1579 Fax (508) 754-6246

Note: Financial aid offices in all accredited medical schools deduct the award amount from the loan amount available.

**Scholarship Fund of the
Worcester District Medical Society
SCHOLARSHIP APPLICATION**

PART 1: APPLICANT INFORMATION

1. Name _____
Last name
First name
Middle or Maiden

Sex: Female Male *(Please Check One)*

2a. Institution _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

2b. Legal Address _____

City _____ State _____ Zip _____

Daytime Phone _____ E-mail _____

2c. Best dates & times to reach me are: *(Please List Three Choices)*

2d. Address at time of application to medical school:

Address _____

City _____ State _____ Zip _____

3. Expected Date of Graduation _____ *(mm/dd/yyyy)*

4. Member of MA Medical Society/Worcester District Medical Society: yes no *(Please check one)*

PART 11: EDUCATION

5. List in reverse chronological order, all colleges, universities, and professional schools attended (most recent first)

Name/address of Institution	Major & Minor Fields	Dates of Attendance	Degree Received or Pending/Year
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List Degrees received and/or anticipated:

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PART 111: EXPERIENCE

6. List below the professional employment you have held, starting with the most recent:
- | Institution | Dates | Nature of duties |
|-------------|-------|------------------|
|-------------|-------|------------------|

PART 1V: ACADEMIC ACHIEVEMENTS

7. Honors, grants, publications, special projects:

8. Please describe any special or personal circumstances that you believe should be considered to better understand your financial need.

9. Current Educational Debt \$_____

10. References: Please list three references with phone numbers who could be contacted by the committee:

Note: Financial aid offices in all accredited medical schools deduct the award amount from the loan amount available.

The information supplied by me on this application is true and correct to the best of my knowledge, and I understand that misrepresentation may cause denial or withdrawal of the scholarship.

Signature

Date