

# **PILOT CLUB OF SOUTH BEND INDIANA**

## **APPLICATION FOR MEDICAL SCHOLARSHIP**

**STUDENT: JUNIOR YEAR STUDENT BEGINNING FOURTH YEAR**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY AND ZIP:** \_\_\_\_\_

**NAME OF PARENTS OR SPOUSE:** \_\_\_\_\_

**ADDRESS OF PARENTS:** \_\_\_\_\_

**CITY AND ZIP:** \_\_\_\_\_

**OCCUPATION OF SPOUSE:** \_\_\_\_\_

**OCCUPATION OF MOTHER:** \_\_\_\_\_

**OCCUPATION OF FATHER:** \_\_\_\_\_

**OTHER FINANCIAL AID OR SCHOLARSHIPS:** \_\_\_\_\_

\_\_\_\_\_

**NAME AND LOCATION OF SCHOOL YOU ARE ATTENDING:**

\_\_\_\_\_

**OUTLINE OF COMMUNITY /SCHOOL OR CHURCH ACTIVITIES:**

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**MEMBERSHIP IN STUDENT MEDICAL ASSOCIATION:**

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**IF YES, LIST INTEREST WITH ASSOCIATION:**

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**WHY DID YOU CHOOSE THE MEDICAL PROFESSION FOR A CAREER?**

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**FUTURE CAREER GOALS:**

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**STATEMENT OF FINANCIAL NEED:**

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**SIGNATURE OF APPLICANT**

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**DATE**

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**MAIL TO: MEDICAL SCHOLARSHIP  
PILOT CLUB OF SOUTH BEND INC  
DOROTHY I HOFFMAN  
16281 WILD CHERRY DRIVE  
GRANGER IN 46530**



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**ATTACHMENTS NEEDED FOR APPLICATION:**

- 1. TRANSCRIPT OF GRADES**
- 2. HAVE MEDICAL FACILITY SUPERVISOR SUBMIT A STATEMENT CONCERNING YOUR PROGRESS TOWARD YOUR MEDICAL EDUCATION TO DATE.**
- 3. HAVE MEDICAL FACILITY SUPERVISOR SEND STATEMENT CONCERNING CLINICAL PERFORMANCE, ATTITUDE, CONSISTENCY AND FUTURE POTENTIAL.**
- 4. TWO LETTERS OF REFERENCE.**