



**Sierra Sacramento Valley Medical Society
Medical Student Scholarship Fund**
A Community Program of the Sierra Sacramento Valley Medical Society

Application Deadline: July 1

ABOUT THE SCHOLARSHIP FUND

The Sierra Sacramento Valley Medical Society Medical Student Scholarship Fund was originally made possible through surplus funds from services donated by local physicians participating in the Sabin Oral Polio Vaccine Clinics sponsored by the Sierra Sacramento Valley Medical Society in 1963. It was at that time the Society began to invest the vaccine proceeds in a bond dedicated to helping area residents finance their medical education.

The Medical Student Scholarship Fund expanded in 2016 with the establishment of the Paul J. Rosenberg, MD Medical Student Scholarship. This fund was established to award annually to the scholar or scholars that best embody the qualities of compassion, high academic achievement and community service. A scholar or scholars from the pool of SSVMS Medical Student Scholarship Fund applicants will be selected for the Paul J. Rosenberg, MD Medical Student Scholarship.

ELIGIBILITY REQUIREMENTS

1. You must have graduated from a high school in El Dorado, Sacramento or Yolo counties, although you do not have to be current resident of these counties to apply.
2. You must be enrolled in an accredited American medical school on a full-time basis (12 units or more). This grant does not apply to summer school enrollment or to correspondence schools.

EVALUATION PROCEDURES

Applications are evaluated primarily on the basis of financial need and academic achievement. Financial data will be analyzed according to family/student resources and household size. Consideration is also given to activities by the applicant, particularly community service work. Given limited funds, not all eligible applicants will be recipients.

GRANT CYCLE

July 1 of each year is the deadline for receipt of a completed application. Scholarships will be awarded in September of the current year.

HOW TO APPLY

Complete the attached application and send it with all the required OFFICIAL school transcripts and three (3) letters of reference electronically or by U.S. mail to the address below. Letters of reference and transcripts may be sent separately, but must be received by the July 1 deadline. Incomplete applications will not be processed.

ADDRESS

Scholarship Committee
Sierra Sacramento Valley Medical Society
5380 Elvas Ave., Suite 101
Sacramento, CA 95819-2396
Tel: (916) 452-2671, Fax: (916) 452-2690
E-mail: scholarship@ssvms.org

Sierra Sacramento Valley Medical Society Medical Student Scholarship Fund

APPLICATION FORM

Scholarships from the Sierra Sacramento Valley Medical Society Medical Student Scholarship Fund are limited to graduates from El Dorado, Sacramento or Yolo County high schools who are enrolled in an accredited American medical school.

I. PERSONAL INFORMATION

Mr. ___ Mrs. ___ Ms. ___
First Middle Last

Current Mailing Address _____ Years at this address _____
Street City State Zip

Tel: _____ Fax: _____ E-mail _____

How long have you been (were you) a resident of El Dorado, Sacramento or Yolo County? _____

El Dorado, Sacramento or Yolo County Address: _____
Address City State Zip

Date of Birth _____ Marital Status _____ #Dependent Children _____

II. EMPLOYMENT INFORMATION

Are you currently employed? Yes ___ No ___ Hours per week ___ Do you plan to work during the school year? Yes ___ No ___

Estimated hours per week _____ Is your spouse currently employed? Yes ___ No ___ Hours per week _____

Please list any employment (full-time, part-time, summer) you have had since graduating from high school:

Company	Position	Dates Employed	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EDUCATIONAL INFORMATION

I will be a 1st ___ 2nd ___ 3rd ___ 4th ___ year medical student at _____

beginning (month/year) _____. If you are beginning your first year of medical school, *please provide a copy of your letter of acceptance from the school.*

List high schools and colleges attended and/or currently enrolled. Please submit OFFICIAL transcripts from each. Electronic copies submitted directly from the school are acceptable.

Institution	City/State	Dates Attended	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List scholastic honors received: _____

IV. FAMILY PERSONAL INFORMATION

Father _____ Address _____ Occupation _____

Mother _____ Address _____ Occupation _____

Guardian _____ Address _____ Occupation _____

Parents marital status _____ How many dependents (include yourself)? _____

Describe any pertinent information concerning your family status or family financial situation (i.e., support from parents) that would be helpful in assessing your need for this scholarship: _____

V. APPLICANT'S INCOME AND EXPENSES

Please estimate your income and expenses for the coming academic year:

INCOME

Personal Savings _____

Earnings _____

Spouse's earnings _____

Aid from parents _____

Scholarship _____

Veteran's benefits _____

Other resources _____

EXPENSES

Tuition & required fees _____

Books and materials _____

Housing _____

Clothing _____

Food _____

Transportation _____

Other expenses _____

VI. PREVIOUS LOANS RECEIVED (Do not list small emergency type loans)

Amount	Type of Loan	Date of Initial Loan	Granting Institution	Payment Schedule	Balance
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VII. SCHOLARSHIPS RECEIVED (Attach separate sheet if needed)

Amount	Name of Scholarship	Scholarship Date (From/To)
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VIII. LETTERS OF REFERENCE

Please submit three (3) Letters of Reference from each of the following: 1) a teacher of a class completed within the past two years; 2) a person in a health-related field; 3) a person outside of health care. Letters of Reference must follow the format outlined on the attached Applicant Evaluation Form. Letters of Reference must be accompanied by the completed Applicant Evaluation Form and may be submitted on a separate sheet or letterhead and sent separately to the Sierra Sacramento Valley Medical Society by July 1. Letters and the Evaluation Form may be sent electronically.

IX. PERSONAL STATEMENT

In the space below, WRITE a BRIEF ESSAY indicating the reason(s) you wish to be considered for this scholarship. Include information about yourself that you feel would be meaningful for the Scholarship Committee's evaluation, such as community service, work experience, hobbies, special interests, aptitudes and/or life events. Also include your future plans for practicing medicine. You may attach a separate sheet.

X. AUTHORIZATION & CERTIFICATION

I certify that all of the information submitted with my application is true and complete to the best of my knowledge. If asked by an authorized official of the Sierra Sacramento Valley Medical Society, I agree to provide proof of the information I have given. I understand that the inclusion of any false or misleading information will result in the rejection of my application or the return of any financial aid I do receive.

Permission is hereby given to school, federal, state and/or county officials to release to the Sierra Sacramento Valley Medical Society any information concerning my financial aid and academic circumstances necessary to my application for a grant from the Sierra Sacramento Valley Medical Society Medical Student Scholarship Fund. I also agree to permit the Sierra Sacramento Valley Medical Society to share the information I have provided with any of the references I have listed.

I understand that in order for my request for grant aid to be considered for September funding, my application, references and official transcripts must be received by the Sierra Sacramento Valley Medical Society no later than July 1. Furthermore, I have read the application instructions, and I am aware that an incomplete application will not be processed.

Student's Signature

Date

Type or Print Essay Below: (A separate sheet may be attached. If using a separate sheet, please include your name.)

**SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY
MEDICAL STUDENT SCHOLARSHIP FUND
APPLICANT EVALUATION FORM**

A Community Program of the Sierra Sacramento Valley Medical Society

Return Completed Form to:

SCHOLARSHIP & AWARDS COMMITTEE

5380 Elvas Avenue Suite 101, Sacramento, CA 95819-2396

(916) 452-2671 FAX (916) 452-2690

E-mail: scholarship@ssvms.org

Name of Applicant: _____

The medical student whose name appears above is seeking scholarship aid from the Sierra Sacramento Valley Medical Society Medical Student Scholarship Fund. To assist the Scholarship Committee in its evaluation of this applicant, please complete all parts of the form and return it to the Medical Society either by U.S. mail or electronically to the above address on or before July 1. A separate letter of reference may be attached.

Please check the boxes which best describe the applicant.

	POOR	FAIR	GOOD	SUPERIOR	UNABLE TO JUDGE
Academic performance					
Academic potential					
Intellectual ability					
Emotional maturity/stability					
Leadership qualities					
Extracurricular activities					
Integrity					
Empathy					
Motivation					
Financial need					

What is your relationship to the applicant?

___ Instructor

___ Person in a health-related field

___ Person outside health care

~continued on page 2~

APPLICANT EVALUATION FORM (Continued)

COMMENTS:

Below, or on a separate sheet or letterhead, please comment regarding any notable strengths, weaknesses or other information that will assist the Scholarship Committee in the evaluation of this applicant.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

RECOMMENDATION:

I strongly recommend _____

I recommend _____

I recommend with _____

I do not recommend _____

...that this applicant be awarded a scholarship from the Sierra Sacramento Valley Medical Society Medical Student Scholarship Fund.

Name of Evaluator (please print)

Date

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Integrity					
Empathy					
Motivation					
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___ Person in a health-related field

___ Person outside health care

COMMENTS:

[illegible]

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~continued on page 2~

APPLICANT EVALUATION FORM (Continued)

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[illegible]

RECOMMENDATION:

I strongly recommend _____

I recommend _____

I recommend with _____

I do not recommend _____

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Name of Evaluator (please print)

Date