Scholarship Application

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

E-mail <u>info@bcmsdocs.org</u> www.bcmsdocs.org

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 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 July 1, 2024 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.

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 med	dical society? Yes No
NameFirst MI Last	Email
Date of Birth//	High School
Social Security Number	Address
Permanent Address:	Zip
7	Dates of Attendanceto
Zip	
Phone Cell:	Undergraduate Institution
Mailing Address:	
7:-	Address
Zip	Zip
Dhono	Dates of Attendanceto
Phone	Degree
Dates of Residency: Baltimore City to	Major Minor
Maryland: to	Honors Received
Spouse's Name	
No. of Children	
Spouse's Occupation	- M I: 1/O / / / /
Place of Employment	Medical/Osteopathic School
Father's News	Address
Father's Name	Zip
Address	Date of Entry
Zip	
OccupationPlace of Employment	
Flace of Employment	I certify that the information given above is true and
Mother's Name	correct.
Address	
Zip	Applicant's Signature
Occupation	Date
Place of Employment	

The following items must be submitted to the BCMS Foundation by July 1, 2024

- 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.

1211 Cathedral Street, Baltimore, Maryland 21201

Phone: (410) 625-0022 Fax- for Financial Aid Office ONLY: (410) 385-0154 or info@bcmsdocs.org

Financial Aid Statement

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

Name	FOR ACADEMIC YEAR 2024-2025
Social Security Number	
•	•
EXPENSES	<u>RESOURCES</u>
Tuition	Student/Spouse Contribution
Other Education Costs	Parent Contribution
	Grants/Scholarships
	Subsidized Loans
	Unsubsidized Loans
Total Budget	Other
Unmet Financial Need	
Cimiet i maneiar i tesa	Total Resources
Cumulative Educational Debt	
Comments:	
Signature	ncial Aid Officer
Address	
	Zip
Phone	Fax
I, School Financial Aid Office to release	grant permission to Medical et the financial information necessary in order to complete this form.
Signature	Date