



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 1800 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 2011 beginning June 1, 2011.

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 29, 2011. 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>	<p>2011 Awards to be determined (2010 Distribution: Eight Scholarship Awards and Six Book Awards) *Financial aid offices in all accredited medical schools deduct the award amount from the loan amount available.</p>
<u>Application Deadline</u>	Deadline is July 29, 2011 and candidates will be notified by September 30, 2011.
<u>Application Information</u>	<p>Applications may be obtained by contacting: Scholarship Fund of WDMS 321 Main St., Mechanics Hall Worcester, MA 01608 Att: Michele Pugnaire, MD Tel: (508) 753-1579 • Fax (508) 754-6246 email: wordmsa@massmed.org</p>

Applications can also be downloaded from our website: www.wdms.org



Scholarship Fund of the Worcester District Medical Society

SCHOLARSHIP APPLICATION

PART I: APPLICANT INFORMATION

1. Name _____
Last Name First Name Middle or Maiden
- 2a. Institution _____
Address _____ City _____
State _____ Zip _____ Daytime Phone _____
- 2b. Legal Address _____
City _____ State _____ Zip _____
- 2c. Address at time of application to medical school:
Address _____
City _____ State _____ Zip _____
3. Email Address _____
4. Expected Date of Graduation _____
5. Member of MA Medical Society/Worcester District Medical Society? Yes _____ No _____ (Check One)

PART II: EDUCATION

6. 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 |
|-----------------------------|----------------------|---------------------|---------------------------------|
|-----------------------------|----------------------|---------------------|---------------------------------|

Scholarship Fund of the Worcester District Medical Society

PART III: EXPERIENCE

7. List below the professional employment you have held, starting with the most recent:

Institution	Dates	Nature of duties

PART IV: ACADEMIC ACHIEVEMENTS

8. Honors, grants, publications, special projects:

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

10. Current Educational Debt: _____

11. Year of Graduation from Medical School: _____

12. References: Please list three references with phone #'s who could be contacted by the committee:

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