



Lancaster Medical Society Foundation
 C/O Lancaster City & County Medical Society
 PO Box 10963
 Lancaster, PA 17605-0963

2022 Student Application for Foundation Scholarship

Thank you for your interest in the Lancaster Medical Society Foundation Scholarship.
 Please complete both pages of the application by printing or typing the information as requested.

Contact Information:

 First Name Middle Initial Last Name

Home Address _____
 Street Apt. #

 City State Zip Code

Phone _____

Date of Birth _____ US Citizen Yes ___ No ___ Lancaster County Resident Yes ___ No ___

Undergraduate College Attended:

Name _____

Address _____
 Street City State Zip Code

Major _____ Graduation Date _____

Medical School for which Applicant Scholarship is Requested:

Name _____

Address _____
 Street City State Zip Code

Other Dependent Family Members in Same Household (e.g. spouse, children):

Household Address _____

Name	Relationship	Age	Indicate School Grade, College or Other

Personal References (unrelated to applicant):

Name _____ Address _____

Name _____ Address _____

Other Scholarships, Grants and Loans Applied for and or Received:

Your income, expense, and asset information for the year (January 1 to December 31, 2021):

This information should be taken from a completed tax form - filing date 4/18/2022. If married, please include joint information.

- 1. Adjusted gross income..... \$ _____
- 2. Total U.S. income tax paid \$ _____
- 3. Non-taxable income: Social Security Benefits, Child Support, welfare, other.... \$ _____
- 4. Medical/Dental expenses not paid by insurance..... \$ _____
- 5. Cash, savings, bonds, stocks, checking accounts, certificates of deposit, notes \$ _____
- 6. Number of exemptions..... \$ _____

Additional Information:

Parents' current marital status is: single ___ married ___ separated ___ divorced ___ widowed ___

Total number of family members who will be attending post-secondary school at least half-time during the 2022-2023 school year, including applicant: _____

Signatures:

_____ Date Completed _____
Applicant's Signature Month Day Year

_____ Date Completed _____
Spouse's Signature (if applicable) Month Day Year

Documents needed with this form must be postmarked or received by July 1, 2022:

- 1.) This form must be sent to the address provided on page one.
- 2.) Please include a one-page cover letter that includes why you have chosen medicine as a career.
- 3.) Please include a copy of your parents' federal income tax form (unless completely independent from parents & paying for your medical school by yourself) and your own federal income tax form for the current year.
- 4.) Please include or mail separately, a transcript of your grades.
- 5.) Please include a resume of work experience (if applicable)

PLEASE NOTE: Two (2), single-sided copies of the complete application packet should be provided to the Foundation for consideration. The Lancaster Medical Society Foundation will not process applications found to be incomplete.

The Lancaster Medical Society Foundation grants scholarships to students from Lancaster County planning to attend or attending medical school, who demonstrate academic achievement, show good character and motivation and demonstrate financial need. Awards are made without regard to race, creed, color or gender. Academic achievement, character and motivation are taken into consideration.

The scholarship recipient or recipients will be notified no later than September 30, 2022. The number of scholarships and the amount of the scholarships to be granted will be determined by the Foundation Board through careful consideration of the funds available.