



Philippine Medical Society of Northeast Florida, Inc.

I, _____, understand that I have been nominated for the Philippine Medical Society of Northeast Florida, Inc. Scholarship and affirm my wish to be considered. Permission is hereby given to officials of my institution to release transcripts of my academic record and other requested information for consideration in the Philippine Medical Society of Northeast Florida, Inc. Scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation on my behalf. I affirm that I plan to pursue a career related to the medical field.

This application, including the essay, is my own work or formally cited from other sources. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature

Date

Biographical Questionnaire: (Please print/type)

Last _____ First _____ M.I. _____

Date of Birth: _____ Sex: Male/ Female

Permanent Residence (Home address for school/family and primary residence):

Address _____

City _____ State _____ Zip Code _____

Home telephone _____ Cellphone _____

Email address _____

If you are selected as a scholar, you will receive notification by mail/ or email.

Name of Nominating Institution: _____
Institution Address _____
City _____ **State** _____ **Zip Code** _____
Telephone _____
Email address _____

Nominator _____ **Position** _____
Nominator's Email address _____

Current cumulative GPA _____ **on a scale of** _____

- Please attach transcripts
- Please attach updated report card

Anticipated College/University of Attendance _____

- Please include proof of enrollment

Anticipated undergraduate major _____

What medical degree do you plan to pursue? _____

About the Nominee:

1. List any awards, honors, or scholarships you have received in the past four years. Please list in descending order of significance.

Name	Date	Description
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2. List internships, assistantships, and jobs (including summer employment) you have held in the past four years. You will have space for up to 6 employers.

Job/Type of Work (summer/school year)

Employer Dates of Employment/Hrs per Wk

3. List any programs and activities in which you have participated on campus or in your community while in school (clubs, debate, music, art, student govt., etc.). Please list in descending order of significance.

Activity Description/Office Held

Dates Participated

4. List public service and community activities. Do not repeat items listed previously. Please list in descending order of significance.

Activity Role

Dates

5. Describe a leadership experience in which you made a difference on campus or in your community. (Limit 2000 characters with spaces).

6. What career are you pursuing in the medical field why? What issues, needs or problems do you hope to address with this medical profession? (Limit 2000 characters with spaces).