

What is your anticipated field of practice in Medicine? _____

Honors, awards, significant achievements from high school, college and/or medical school _____

Your work history, including summer jobs, volunteerism, etc. _____

Community Involvement _____

Father's occupation _____ Annual Income _____

Mother's occupation _____ Annual Income _____

Sibling(s) _____
Number of sibling(s) in college, professional or graduate school _____

Do you plan to practice medicine in St. Charles or Lincoln County? [] Yes [] No
Do you plan to practice medicine in the State of Missouri: [] Yes [] No
Do you belong to the student MSMA or AMA? [] Yes [] No

Professional References (Please provide two – please give name, address and contact telephone number)

Reference #1

Reference #2

Are you married [] Yes [] No OR plan to marry during the current academic year: [] Yes [] No ___
Date of pending marriage _____

What is the value of assets owned by you and/or spouse?

Savings Account \$ _____ Stocks & Bonds \$ _____ Real Estate Equity \$ _____
Trust Fund(s) \$ _____ Other (provide complete information on a separate sheet and attach to application)
Total Assets \$ _____

What is the value of your current debt?

Consumer debt - Applicant \$ _____ Spouse \$ _____
Education debt - Applicant \$ _____ Spouse \$ _____
Other debt (please explain) Applicant \$ _____ Spouse \$ _____
What is the year of the automobile you drive? _____ Make of auto _____ Model _____
Unpaid balance of auto loan \$ _____ Monthly payment \$ _____

How much financial assistance do you expect to receive this year from your parents? _____

From other relatives, friends? _____

How much \$? _____

Source? _____

I hereby permit the St. Charles – Lincoln County Medical Society to use biographical, academic and financial information contained in this application to determine a possible award for which other students are also applying.

I declare and certify that the information on this document is complete and correct.

Signature

Date

Or

I accept these terms (if completing application electronically) Date _____
 I decline these terms (if completing application electronically) Date _____

Return your completed Scholarship Application

No later than

October 20, 2017

Mail to:

Martin L. Willman, MD

2304 Todforth Way

Saint Louis Mo., 63131

or

Fax to: 636-528-1606

or

Email to:

willmanm@slu.edu