Baltimore City Medical Society Foundation, Inc.

Scholarship Application

1211 Cathedral Street, 3rd Floor
Baltimore, Maryland 21201
Phone: (410) 625-0022 Fax: (410) 385-0154
E-mail info@bcmsdocs.org
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 July 31. The grants are sent directly to the recipients' medical schools 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 June 1 each year 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.
Scholarship Application

☐ Baltimore City Resident Scholarship  ☐ North Charles/Wyman Park Medical Staff Scholarship

Are you a student member of the medical society? ☐ Yes ☐ No

Name ________________________________
First           MI           Last

Date of Birth_______/_______/_______

Social Security Number _______ - _____ - _______

Permanent Address:

_________________________________________ Zip

Phone_________________________ Cell: __________________________

Mailing Address:

_________________________________________ Zip

_________________________________________ Zip

Phone_________________________

Dates of Residency: Baltimore City_______ to _______
Maryland:_______ to _______

Spouse’s Name_________________________

No. of Children _______

Spouse’s Occupation_________________________

Place of Employment_________________________

Father’s Name _________________________

Address_________________________ Zip

Occupation_________________________

Place of Employment_________________________

Mother’s Name_________________________

Address_________________________ Zip

Occupation_________________________

Place of Employment_________________________

Email_________________________

High School_________________________

Address_________________________ Zip

Dates of Attendance___________ to ___________

Undergraduate Institution_________________________

Address_________________________ Zip

Dates of Attendance___________ to ___________

Degree_________________________

Major_________________________ Minor_________________________

Honors Received_________________________

_________________________________________

_________________________________________

Medical/Osteopathic School_________________________

Address_________________________ Zip

Date of Entry_________________________

I certify that the information given above is true and correct.

Applicant’s Signature_________________________

Date_________________________

The following items must be submitted to the BCMS Foundation by June 1st:

✓ 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.
Financial Aid Statement
(Must be completed by the medical school financial aid officer)

FOR ACADEMIC YEAR 2017-2018

Name__________________________________________________________

Social Security Number _____-____-_______ Anticipated Graduation Date:____________

Name of Medical/Osteopathic School______________________________

EXPENSES
Tuition
Other Education Costs

RESOURCES
Student/Spouse Contribution
Parent Contribution
Grants/Scholarships
Subsidized Loans
Unsubsidized Loans

Total Budget
Unmet Financial Need

Other

Total Resources

Cumulative Educational Debt

Comments: ______________________________________________________

______________________________________________________________

Signature_________________________ Date_________________________

Medical School Financial Aid Officer

Address________________________________________________________

______________________________________________________________ Zip_____

Phone__________________________ Fax__________________________

I, ______________________________ grant permission to __________________________ Medical
School Financial Aid Office to release the financial information necessary in order to complete this form.

Signature_________________________ Date_________________________

Return/Postmark to the BCMS Foundation by June 1st.