



**Riley County Medical Society Scholarship Fund
2017 Scholarship Application**

The Greater Manhattan Community Foundation is pleased to administer the Riley County Medical Society Scholarship Fund, established at the Foundation in 2015.

One \$1,000 renewable scholarship is available for the 2017 fall Semester.

Criteria:

- Potential candidates must have ties to the Riley County community;
- Students must be enrolled in an accredited medical program (MD/DO);

Application are **due by March 31, 2017** and should be returned to:

Greater Manhattan Community Foundation
Attn: Riley County Medical Society Scholarship Fund
P.O. Box 1127
Manhattan, KS 66505-1127

Or email scanned application to: foundation@mcfks.org

Scholarship Award – Applications will be reviewed by the Riley County Medical Society Scholarship Fund Selection Committee. The screening process will be accomplished by both a paper application and personal interview with the scholarship committee. Scholarship disbursement will be made following the successful completion of the academic year.

Please contact Imad Bedros with questions at (785)250-5659 or foundation@mcfks.org.



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Please complete the following information. Type or print clearly.

Full Name: _____ Phone: _____

Address: _____ E-mail: _____

_____ Birth date: _____

High School: _____ Year Graduated: _____ GPA: _____

College: _____

Degree: _____ GPA: _____ MCAT: _____

Medical College you are attending: _____ Date of Admission: _____

Parent's name or Legal Guardian: _____

Address: _____

Occupation: _____ # of Siblings: _____

What are your ties to Riley County?

Current and past extracurricular participation:

Honors and Awards, (school, community, and college):

Intended education/career plans, (major, area of study, career intentions):



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FINANCIAL NEED

Explain your need for financial assistance to continue your college education during the next year and describe your plans for meeting this financial need.

List anticipated college costs for the next year:

Tuition \$ _____ Room \$ _____ Lab fees \$ _____ Books \$ _____

Other \$ _____ (explain) _____ TOTAL \$ _____

Will you have any brothers, sisters, or children attending college during the next year? YES _____ NO _____

If yes, list the college they will be attending and what year they are in.

List other scholarships you will be receiving and the amounts:

1. _____
2. _____
3. _____
4. _____



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In 250 words or less, tell why you are deserving of this scholarship, (attach additional sheets if necessary):

I have personally prepared this application and believe it to be correct. I certify that the cumulative GPA listed on the first page is correct.

Signature of Applicant: _____ Date: _____

- **Please provide a copy of college transcripts and letter of recommendation from at least one current or former college faculty member.**