

***THE ALAN AND RUTH BORENSTEIN  
MEDICAL SCHOLARSHIP FUND***

Notice of Availability of Scholarship Funds

The Alan and Ruth Borenstein Medical Scholarship Fund is pleased to invite all current first, second, and third year students to apply for a scholarship for the 2012-13 academic year.

Five \$6,000 scholarships were awarded in 2011-12.

The scholarships will be awarded based upon the following criteria:

Financial Need  
Community Involvement  
Scholastic Record Good  
Moral Character

Applications are available in the Office of Student Finance, Van Etten Room 230, or on our website.

Please note that two faculty recommendations are required.

Completed applications can be delivered to our office, Van Etten Room 230

**The deadline for submission of applications is  
Friday, June 8, 2012.**

# APPLICATION TO THE ALAN & RUTH BORENSTEIN MEDICAL SCHOLARSHIP FOUNDATION

## 2012-13

Return this form to the Financial Aid Office. *(please print)*

1. Name in full \_\_\_\_\_  

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Last
First
M.I.
  
2. Local address \_\_\_\_\_
  
3. Permanent address \_\_\_\_\_
  
4. Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
5. Date of Birth \_\_\_\_\_
  
6. What undergraduate school(s) did you attend?
  - Name and Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Name and Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
7. Are you married? \_\_\_\_Yes \_\_\_\_No
 

If "Yes", spouse's name and occupation:  
 Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Name and ages of dependents, if any:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_
  
8. Medical School Entrance Exam Score: \_\_\_\_\_

9. Expected date of medical school graduation: \_\_\_\_\_

10. Please include a brief summary of your academic goals, extracurricular activities and other interests.

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11. Describe why it is necessary for you to apply for a scholarship from the Alan and Ruth Borenstein Medical Scholarship Fund?

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12. What are your career goals?

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13. Alan and Ruth Borenstein Medical Scholarships you have received in previous years:

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

14. Other medical scholarships received in prior years:

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

15. Please provide two (2) written recommendations from former professors or instructors as well as a copy of your medical school transcript.

*The Alan and Ruth Borenstein Medical Scholarship Fund is forbidden from granting any scholarship to any individual who is related to the individual trustee (currently Phil Bourne); or who is related to an officer of the Corporate Trustee (currently Northern Trust Bank of Florida N.A.). By submitting this application, applicant represents that, to the best of his or her personal knowledge, applicant is not related to the individual Trustee. The applicant also represents that the information reported on this form and the statements made are, to the best of his or her knowledge, true, correct and complete.*

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_