

BOONE COUNTY MEDICAL SOCIETY SCHOLARSHIP

Scholarship Criteria

Thank you for your interest in the Boone County Medical Society (BCMS) Scholarship. This \$2,000 award is presented annually by the physician members of the Society, who live and work in Boone, Cooper and Howard counties in Missouri.

To apply for the BCMS Scholarship, eligible applicants must currently be enrolled in an accredited school of medicine in Missouri and must have:

- Completed the first semester of their clerkship year of medical school
- Demonstrated exceptional intellectual and humanistic qualities in their interactions with patients, peers and instructors
- Graduated from a high school in Boone, Howard or Cooper counties in Missouri.

Financial need is not a factor in the selection criteria.

Successful applicants must include a letter of support from the Dean of Students or another appropriate medical school official, plus two letters of recommendation, with the required application form. The submission period runs from June 1, 2019, to Sept. 1, 2019.

Applications and accompanying materials must be submitted to the BCMS office by 5 p.m. on September 1, 2019. Questions about the scholarship may be directed to bcms@socket.net.

The scholarship recipient will be announced in December 2019 and invited to attend the BCMS Gala on Feb. 1, 2020.

Scholarship application begins on next page

OFFICIAL BCMS SCHOLARSHIP APPLICATION

(Application and accompanying materials must be submitted by 5 p.m. Sept. 1, 2019)

Name: _____

Mailing Address (during school year): _____

Mailing Address (home): _____

Phone Number: _____

E-mail address: _____

BACKGROUND INFORMATION

Education	Name/Location	Yrs. Attended	Degree	GPA	Notes
High School					
College					
College					
Med School					

EMPLOYMENT INFORMATION

Company	City/State	Start Date	End Date	Title/Position	Duties

Please answer the following questions. Use a new Word (or other program) document to complete your answers and attach it to e-mailed submissions or print it out and include it in mailed submissions.

1. What are your goals in the healthcare field?
2. What role in organized medicine (such as a medical student society, local-level society or state society) have you had?
3. How would you use the \$2,000 scholarship?
4. Have you participated in volunteer activities while in medical school? If yes, please explain.

Please list three character references and include their address, telephone number and email address.

- 1.
- 2.
- 3.

Your application must be accompanied by a letter of support from the Dean of Students or other appropriate medical school official and two letters of recommendation.

Return all the documents to Boone County Medical Society. You may email the society at bcms@socket.net; or mail the forms to:

Boone County Medical Society
P.O. Box 1028
Jefferson City, MO 65102

Applications and accompanying forms must be received by 5 p.m. on Sept. 1, 2019, for the applicant to be eligible.

I certify that the above statements are true to the best of my knowledge. I would be available to meet with the BCMS Scholarship Committee for a personal interview if required.

Signature _____

Date _____