

CRITERIA FOR DR. ROLAND & VIRGINIA LADENSON MEDICAL SCHOLARSHIP

Thank you for your interest in the Dr. Ronald and Virginia Ladenson Medical Scholarship, offered by the Boone County Medical Society (BCMS). When this \$2,000 scholarship was established, the family set out the following objective:

This scholarship is offered to outstanding medical students who are committed to pursuing careers as primary care physicians (including pediatrics, internal medicine and family practice) providing comprehensive care for their patients.

Candidates should have begun their clinical training (meaning they are in their final two years of medical school) and demonstrated exceptional intellectual and humanistic qualities in their interactions with patients, peers and instructors. Financial need will also be considered, although it will not be a principal factor in the selection criteria.

Information for Applicants

Scholarship funds will be applied to the recipient's tuition.

Applications are limited to students who are currently enrolled at an accredited school of medicine in the state of Missouri. **Each medical school in Missouri is invited to submit the name of one candidate during the application period, which runs March 5 through April 11, 2022.**

The application package must include:

- Completed application form
- A letter of support from the Dean of Students or other appropriate medical school official
- Two additional letters of recommendation

The scholarship recipient will be announced in April 2022 and invited to attend the BCMS Gala on May 7, 2022.

Questions about the application, application process or the scholarship may be directed to bcms@socket.net. The application may also be submitted online by [clicking here](#).

Scholarship application begins on next page

OFFICIAL LADENSON SCHOLARSHIP APPLICATION

(Application and accompanying materials must be submitted by 5 p.m. April 11, 2022)

Application may also be submitted online at <https://forms.gle/9EPKgQev7kNuwjdZA>.

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

Proposed Program Qualifying for Scholarship: _____

Medical School: _____

Please use Word (or other program) to create a new document in which you explain your goals in the healthcare field. Remember to attach that document to e-mailed submissions or include it with mailed submissions.

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 e-mail the society at bcms@socket.net; or mail the forms to:

Boone County Medical Society
P.O. Box 684
Jefferson City, MO 65102

Applications may also be submitted online at <https://forms.gle/9EPKgQev7kNuwdZA>.

Applications and accompanying forms must be received by 5 p.m. on April 11, 2022, for the applicant to be eligible.

I certify that the above statements are true to the best of my knowledge and understand that if awarded the scholarship, the funds will be used exclusively toward my tuition.

Signature: _____

Date: _____