***PORTER COUNTY MEDICAL SOCIETY***

***Scholarship Application***

The eligibility requirements for the scholarships are listed under each name. Please click the box next to each scholarship for which you are applying.

***Porter County Medical Society Scholarship***

* Must be a resident of Porter County, Indiana and be a United States Citizen.
* Must be enrolled in medical school and be in good standing.

***Henry George Poncher Scholarship***

* Must be a resident of Porter County, Indiana and be a United States Citizen.
* Must be enrolled in medical school and be in good standing.
* Must plan to specialize in pediatrics.

**APPLICATION INSTRUCTIONS:**

Please include the following information:

1. Completed Application Form (typed and signed by applicant);
2. Proof of acceptance into medical school or a copy of your current transcript (may be unofficial); and
3. A written statement (one page or less) describing why you chose to become a doctor. Additionally, if you have chosen a specialty, please indicate the specialty and why.

**APPLICATION DEADLINE**

The complete application packet must be returned by April 1, 2019 to:

Porter County Community Foundation

1401 Calumet Avenue

Valparaiso, IN 46383

*PORTER COUNTY MEDICAL SOCIETY*

***Scholarship Application***

***Please click on gray text to complete form. For check boxes, click the box.***

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | First | Middle Initial | Last |

Male Female Marital Status: Single Married

|  |  |  |  |
| --- | --- | --- | --- |
| Address: | Street Name and Number | City | ZIP |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone No.  (Cell if available) | xxx-xxx-xxxx | Email Address | email | Date of Birth | MM/DD/YYYY |

**SCHOOL INFORMATION**

|  |  |
| --- | --- |
| College Attended: | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Received: | Degree | Graduation Date: | MM/DD/YYYY |

|  |  |
| --- | --- |
| Medical School Attending: | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: | Street Name and Number | City | ZIP |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Identification Number: | Number | Expected  Graduation Date: | MM/DD/YYYY |

Academic Classification: 1st Year  2nd Year  3rd Year  4th Year

**FINANCIAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Tuition Costs: | $ | Expected Family Contribution from FAFSA: | $ |

Housing: Live on Campus  Live off Campus  Live at Home

**CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

|  |  |  |
| --- | --- | --- |
|  |  | MM/DD/YYYY |
| Applicant Signature |  | Date |