



**AMEF**

Academy of Medicine Education Foundation

2020 SCHOLARSHIP APPLICATION FORM

The Academy of Medicine Education Foundation (AMEF) awards scholarships each year to third- and fourth-year medical students (MD/DO) who are or were residents of Cuyahoga, Ashtabula, Geauga, Lake, Lorain, Portage, or Summit counties, and who have demonstrated an interest in being involved in organized medicine and community activities. Applicants must also possess leadership skills and demonstrate academic achievement.

AMEF scholarships will be awarded to third- and fourth-year medical students attending the following: Case Western Reserve University School of Medicine, Cleveland Clinic Lerner College of Medicine of CWRU, Northeast Ohio Medical University, and Ohio University College of Medicine.

Applications are due **NO LATER THAN JANUARY 31** for students who are currently in their third or fourth year of study. **A RECENT TRANSCRIPT MUST ALSO BE SUBMITTED** in order for the application to be considered. Further instructions follow.

Scholarship recipients will receive their award following the official announcement of all awardees in *Northern Ohio Physician* magazine, a bi-monthly publication of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), typically the May/June or July/August issue.

**PERSONAL INFORMATION**

I am currently in my: Third Year  Year of Graduation:  (or) Fourth Year  Year of Graduation:

FIRST NAME:  LAST NAME:

ADDRESS:

CITY:  State  ZIP:

EMAIL:

DATE OF BIRTH:  TELEPHONE:

Marital Status:  MARRIED  SINGLE  DIVORCED  WIDOWED

Number of Dependents:

Length of legal residence in Ohio PRIOR to entering medical school:  Years

County of permanent residence PRIOR to entering medical school:

- Cuyahoga     Ashtabula     Geauga     Lake
- Lorain     Portage     Summit

High School Attended:  Date of graduation:

Undergraduate School:  Date of graduation:

- I Attend this Medical School: *(check one)*
- Case Western Reserve University School of Medicine
  - Cleveland Clinic College of Medicine of CWRU
  - Northeast Ohio University
  - Ohio University College of Medicine

Date I Began Medical School

List all current scholarships and grants:

Source:	<input type="text"/>				
Amount:	<input type="text"/>	Please indicate if this is	Per Year	(or)	Total all years
Source:	<input type="text"/>				
Amount:	<input type="text"/>	Please Indicate if this is	Per Year	(or)	Total all years

List any educational Loans:

Source:	<input type="text"/>				
Amount:	<input type="text"/>	Please indicate if this is	Per Year	(or)	Total all years
Source:	<input type="text"/>				
Amount:	<input type="text"/>	Please indicate if this is	Per Year	(or)	Total all years

**What is your expected indebtedness upon graduation?** Amount

---

\*\*\*APPLICANT STATEMENT\*\*\*

Attach a statement (500 words or less) explaining:

- Why you have chosen to become a physician
- Any involvement with organized medicine or community activities
- Leadership skills and academic achievements

Please include any additional information you believe should be considered by the AMEF in evaluating your application for this scholarship. (See the next page)

---

**APPLICANT SIGNATURE**

If I am chosen to receive an AMEF scholarship, I understand that I may be asked to provide the AMEF with a short bio of 50-100 words or less and a headshot to be utilized in future AMCNO and AMEF publications.

To the best of my knowledge the information reported herein is complete and accurate.

**Signature**

Return the completed form to:

**The Academy of Medicine Education Foundation**, Attn: Ms. Elayne R. Biddlestone  
6100 Oak Tree Blvd., #440, Independence, OH 44131

A RECENT TRANSCRIPT MUST ALSO BE SUBMITTED IN ORDER FOR THE APPLICATION TO BE CONSIDERED. You may send your transcript electronically once you hit the submit by email button or you may mail it to the address above.

If you have any questions regarding the application, please contact AMEF at (216) 520-1000.

*Please note: All information contained in this application will be kept confidential and reviewed only by AMEF and/or AMCNO staff and the AMEF Board.*

Please enter your statement or cut and paste into the box below (500 words or less) explaining:

- Why you have chosen to become a physician
- Any involvement with organized medicine or community activities
- Leadership skills and academic achievements
- Any additional information you believe should be considered by the AMEF

A new message window from your email should open when clicking the Submit by Email button. The application form will automatically be an attachment in that email window. If this doesn't happen, you may be using an incompatible operating system or internet browser. Save a copy to your computer and email it manually to [vyanoska@amcno.org](mailto:vyanoska@amcno.org).

Print Form

Submit by Email