

MAHONING VALLEY MEDICAL SOCIETY FOUNDATION  
3855 Starr's Centre Drive, Suite C-3  
Canfield, OH 44406  
(330) 533-4880

Foundation Scholarship Application

**DEADLINE DATE: January 3, 2022**

Student ID # \_\_\_\_\_ MEDICAL SCHOOL \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Is this a cell phone? **Y N**

Marital Status (Circle): Single Married

Lives with: (Circle) Mother Father Stepfather Stepmother

Name/Title of person recommending scholarship: \_\_\_\_\_

**Have you completed two years of medical school in good standing?** (REQUIRED) \_\_\_ YES \_\_\_ NO

Current GPA and/or Standing \_\_\_\_\_ Anticipated year of Graduation: \_\_\_\_\_

\*\*\*\*\*

**PARENT/GUARDIAN INFORMATION:**

*If you are listed as a dependent on your father or mother's tax return, please complete the following:*

**Father or Male Guardian:** \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long at this Job: \_\_\_\_\_

Address \_\_\_\_\_

Annual Gross Income (CONFIDENTIAL): \$ \_\_\_\_\_ Annual Net Inc \$ \_\_\_\_\_

**Mother or Female Guardian:** \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long at this Job: \_\_\_\_\_

Address \_\_\_\_\_

Annual Gross Income (CONFIDENTIAL): \$ \_\_\_\_\_ Annual Net Inc \$ \_\_\_\_\_

How many dependents do your parents/guardians have? \_\_\_\_\_ # in college? \_\_\_\_\_

Number of dependents listed on parent(s)/ guardian(s) income taxes? \_\_\_\_\_

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**APPLICANT'S FINANCIAL INFORMATION:**

Are you employed? **Y N** By whom? \_\_\_\_\_

Gross yearly income: \$\_\_\_\_\_ Net income after taxes: \$\_\_\_\_\_

Do you receive financial support from your parent(s): **Y N** Amount? \_\_\_\_\_

*Please list any additional sources of income (i.e., loans, grants, gifts, scholarships):*

<u>AMOUNT</u>	<u>SOURCE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please give TOTAL, current debt amount (include all school debt): \$ \_\_\_\_\_

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**This scholarship will be awarded based upon need, scholarship, leadership, and community service. Using these criteria, please write a personal statement stating how you meet these criteria and why you feel that you should receive this scholarship.**

**Please attach one (1) letter of reference from your school's Dean of Student Affairs (or equivalent).**

**I certify that all the information that I have provided for this application is correct.**

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SIGNATURE

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DATE