



Downing Urban Health MD Scholarship Application

Deadline: March 1, 2021

The purpose of the Downing Urban Health MD Scholarship is to provide a fourth-year medicine student in the NEOMED-CSU Partnership for Urban Health program with a \$10,000 scholarship.

Eligibility requirements:

- M4 NEOMED-CSU Partnership for Urban Health students (Class of 2021);
- Recipients must match in primary care residency training program. Primary care is defined as Family Medicine, Pediatrics, or Internal Medicine;
 - The Committee will only review the applications for those applicants that did match in Family Medicine, Pediatrics, or Internal Medicine.
- Applicants must be in good academic standing; and
- Applicants must demonstrate a financial need.
 - Calculation for financial need is Cost of Attendance minus Expected Family Contribution equals Financial Need. If Financial Need is a positive number, then a financial need has been demonstrated. Applicants can contact Financial Aid if they are unsure if they demonstrate a financial need.

Application requirements:

- 2020-2021 FAFSA completed and sent to NEOMED;
- CV or resume; and
- One page essay describing your passion and desire to practice in an urban or rural setting as a primary care physician.

Please submit this application, CV and essay:

- Via email - finaid@neomed.edu; or
- Upload on [Banner Self Service](#) - Select Personal Information from the menu, and then select Secure Document Upload. Choose FA Scholarship Application as type of document, then press submit. A green box will appear in the upper right corner to let you know that your document was submitted successfully.

If I am selected for the scholarship, I hereby give my permission to the University to release directory information to the NEOMED Foundation and to the University's Advancement and Public Relations and Marketing Office. When NEOMED funds are awarded, directory information (which can include student composite, name, and email address), and fund awarded may be disclosed for development and public relations purposes.

Name: _____

NEOMED Student ID: @_____

Signature: _____ Date: _____