December 5, 2014

Dear Financial Aid Officer:

We would like to inform you of the existence of the Wellsford and Mildred Clark Medical Memorial Scholarship, which was established in 1988 to provide scholarships for third-year medical school students entering their fourth year of medical school.

The Waterbury Medical Association has been named by the Trust to review the qualifications of the applicants and to select the recipients of this award. The scholarship requires that applicants must be residents of Connecticut for five years and be currently enrolled in a not-for-profit medical school accredited by the AMA and/or the World Health Organization. Students demonstrating financial need, academic excellence, extracurricular interests and community service, will be strongly considered.

Enclosed is a sample application. Please feel free to photocopy one-sided only and distribute this to any interested party. If you require any additional information, please contact me at the WMA Executive Office – (203) 753-4888.

Sincerely,

Mary Yokose

Mary Yokose
Executive Director
APPLICATION
Applications properly completed and signed should be returned to: Waterbury Medical Association, One Regency Drive, P.O. Box 30, Bloomfield, CT 06002.

GENERAL INFORMATION AND ELIGIBILITY REQUIREMENTS
Scholarships are granted upon application to those students who seem best to satisfy the requirements of the Welsford and Mildred Clark Medical Memorial Trust Fund in the amount of up to $20,000 within the limits of the funds available. Review of applications and the selection of winners have been assigned by the Trust Fund to the Waterbury Medical Association.

The eligibility requirements for this scholarship award are:

1. Resident of Connecticut for five years. If you did not attend high school in Connecticut, please explain how you meet this requirement and state where you are registered to vote.

2. Third-year (M.D., D.O.) medical students (Scholarship Award to cover 4th year costs).
   (IF student is graduating after 3 years, application must be received during the second year of medical school)

3. Enrollment in a not-for-profit medical school accredited by the AMA and/or the World Health Organization.


5. Academic excellence determined by a copy of the applicant’s transcript and the results of participation in Part I of the National Boards.

6. Extracurricular interests and community service.

7. Letters of recommendation from two faculty members and your Dean submitted directly to the Committee.

8. Statement of the applicant’s method of financial support during the previous years of medical school including a personal income statement of the applicant and spouse, if married.

9. A written statement concerning the applicant’s plan for his or her medical career.
Completed applications will be accepted through April 30 of the applicants third year in medical school. Winners will be announced on July 1 of the same year.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS
In order to judge your degree of need and your qualifications, the following specific information is required. So far as practicable, it will be regarded as confidential. In view of the facts set forth below, I hereby make application for financial aid for the year 20____ to 20____ in accordance with the conditions specified above which I have read.

Legal name in full

Anticipated year of M.D. degree

1. Local address for the coming school year:
   Street
   City__________________State/Zip_________Phone_________
   Home address:
   Street__________________
   City__________________State/Zip_________Phone_________

2. Name & Address of High School

3. Premedical education (College or University):
   Quality Point Average:

4. Medical School:
   Name of Financial Aid Officer at Medical School

5. Father’s (or guardian’s) name in full____________________Living____
6. Mother’s maiden name in full____________________Living____

7. Father’s occupation____________________
8. Mother’s occupation____________________

9. Your date of birth (MM/DD/YYYY)

10. Country of birth____________________

11. If foreign born, are you a naturalized citizen of the United States?

12. Please explain how you have been a legal resident of Connecticut for five years prior to applying. Where are you registered to vote?

____________________

1/2016
13. Total annual gross income of parents or trust funds
$________________ earned by ________ individuals.
(Note: No application will be considered unless this information is provided.)

14. Number of dependents supported wholly or in part from incomes stated under Question 13.________

15. Are you married? ________. Do you contribute to the support of others? ______
If so, explain circumstances.____________________________________________________
______________________________________________________________________________

16. State below plans towards self-support for the coming year.________________________
______________________________________________________________________________

17. Please list any other scholarship awards or assistance you have received during medical school.________________________________________________________
______________________________________________________________________________

18. Give as personal references the full names and addresses of two present members of your medical school faculty and the Dean. Please be sure all three letters are sent directly to the Committee.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

19. Please list extracurricular interests and/or community service.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

20. Give details of present indebtedness? This may be included with personal finance statements. (see below) You must write the total amount of your indebtedness here.
______________________________________________________________________________
______________________________________________________________________________

21. Please state in 150 words or less on an attached 8½ x 11 sheet of paper, your plans for your medical career, including area of specialization, type of practice and location of practice.
22. Please include the following with this completed application.
   A. Medical school transcript
   B. Results of Part I of the Medical Boards
   C. Personal financial statement of applicant and spouse, if married
   D. Complete statement of medical school expenses – tuition, room, board, books, etc. for the first three years of medical school

CERTIFICATION
(1) I hereby certify that I will use the proceeds of the scholarship only for payment of tuition and required feed, room and board, the purchase of books, instruments and other necessary school supplies and equipment.
(2) I hereby acknowledge that the information submitted herewith is true and correct.

Signature ___________________________ Date _____________________

************************************************************************************************************
For office use only

ACTION ON APPLICATION

1. Scholarship approved in the amount..........................$__________
2. Scholarship denied – explanation: __________________________
   __________________________
   __________________________

Date__________________________

Waterbury Medical Association Official:

______________________________
Chairman, Selection Committee