



Date: _____ () Renewal Application for: () fall semester () spring semester

**Dr. Mehrdad Shafa Medical Scholarship Foundation
Student Renewal Application for Health Care and Medical Students**

Instructions Renewal Application Scholarship Awards: (You do not need to re-send the application form):

- **The MSMSF Scholarship Renewal Application must include the following documents:**
 - Completed Renewal Application Form below
 - A copy of applicant's current, official college transcript. (Transcripts must display student name, school name, current college GPA and credit hours earned for each course and term taken).
 - The Financial Award Letter/Financial Statement/FAFSA
 - Cost of Tuition/Class fees/Books (excluding Room & Board, Meals, Travel Expenses)
 - Name and Amount of all Scholarship Awards/Grants/Loans
 - Confirmation of continued enrollment in health sciences
 - Class schedule
 - Student Account Number
 - College Name and Financial Aid Office Address
 - Scholar's current email and mobile telephone number

Please complete the following:

STUDENT INFORMATION:

Full Legal Name: Last _____ First _____ Middle _____

CURRENT CONTACT INFORMATION:

Street: _____ Apt. _____

City _____ State _____ Zip Code _____

Mobile Telephone number: _____

Current Email Address: _____ @ _____

EDUCATION INFORMATION:

What college do you plan to attend? _____

Student ID Account Number: _____

Financial Aid Office Address: _____

City _____ State _____ Zip Code _____

What undergraduate/graduate degree do you plan to pursue? _____

() Health Sciences Program Specify: _____

() Nursing Program Specify: _____

() Pre-Medical Specify: _____

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FINANCIAL INFORMATION:

What is your semester tuition/class fees (excluding Room & Board, Meals, Travel, Clerical expenses)? \$ _____

What is your book/lab/ fees for the semester? \$ _____

Total tuition/book/lab fees? \$ _____

Have you applied for financial aid? Yes No

List all scholarships, grants, loans, tuition reimbursement you have been awarded and the amount:

Name of Scholarship Award	Note type: Scholarship, Loan, Grant, or Reimbursement	Amount
		\$
		\$
		\$
	Total:	\$

When do you expect to complete your certificate/degree? _____

By signing this application, you certify that you will use MSMSF scholarship to pay for qualified educational expenses that includes tuition, course related fees, books, supplies and equipment during the semester it was awarded. As defined by the IRS: Room and board, travel, research, clerical help and non-required equipment are not qualified educational expenses.

Student Signature: _____ **Date:** _____

The MSMSF Scholarship Renewal Application requirements:

- The student must be enrolled as a full time, residential, non-correspondence student with a major in the pre-medical, nursing or allied health science educational program in the United States.
- The student demonstrates a grade point average of 3.0 or above.
- The student will be an active participant in the MSMSF Mentoring Program that meets quarterly.

Scholarship award amount: \$1,000.00 - \$5000 annually.

“Promoting Excellence through Education”