Date: _____ ***( ) Initial Application***

Dr. Mehrdad Shafa Medical Scholarship Foundation
Student Application for Health Care and Medical Students
"Promoting Excellence through Education"

STUDENT INFORMATION:

Full Legal Name: Last_____First_____Middle_____

You must be a: □ U.S. Citizen or □ U.S. Permanent Resident and submit proof of legal status.

Date of Birth: _____ City/Country Place of Birth: _____ Sex: □ F □ M

Permanent Mailing Address:

Street: _____Apt._____

City_____ State_____ Zip Code_____

Telephone number: Home _____ Mobile_____

Email Address _____@_____

Permanent residence is established by at least two of the following: home address for school registration, place of registration to vote, family's primary residence.

If you are selected, we will send notification to: (if different than permanent address)

Street _____Apt._____

City_____ State_____ Zip Code_____

Emergency Contacts:

Parent/Guardian's Full Legal Name:

Last_____First_____Middle_____

Mailing Address: Street _____Apt._____

City_____, State_____ Zip Code_____

Telephone number: Home _____ Mobile_____

Email Address _____@_____

Parent/Guardian's Full Legal Name:

Last_____First_____Middle_____

Mailing Address: Street _____ Apt._____

City_____, State_____ Zip Code_____

Telephone number: Home _____ Mobile_____

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: _____

How many total credits will you need to graduate? _____

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

FINANICAL INFORMATION:

What is your tuition/class fees for the fall semester (excluding Room & Board, Meals, Travel, Clerical expenses? $_____ spring semester? $_____

What are your book fees for the fall semester? $_____

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**
		$
		$
		$
		$

PERSONAL STATEMENT:

Please attach a personal statement (500 words) describing your career goals and how the scholarship will assist you with achieving your goals. Please include any relevant information including:

- Past accomplishments, specific activity or experience that has been important in clarifying or strengthening your commitment in the medical/health sciences field.
- Please feel free to include any additional information you wish to share with the MSMSF Scholarship review committee.

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 Application requirements:

- The student meets the United States of America lawful residence 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.
- Applicants may be eligible for additional scholarships which are awarded annually based on merit and financial need.
- The student may be required to appear for a personal interview.
- The student will be an active participant in the MSMSF Mentoring Program that meets quarterly.

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