

Upstate Medical University College of Medicine Students

NOTICE OF FINANCIAL AWARD OPPORTUNITY: 2009
BASIC INFORMATION APPLICATION FORM

To: Class of 2010 College of Medicine Students interested in entering the surgical arena
From: Vincent J. Kuss, Executive Director
Re: Joseph C. Fischer, M.D., Class of 1979, Memorial Scholarship

Applications are now being accepted for the \$2,500 Joseph C. Fischer, M.D., Class of 1979, Memorial Scholarship. This scholarship will be awarded at the Annual Medical Alumni Scholarship Reception on October 2, 2009, and will offset tuition for spring 2010.

Scholarship Requirements:

1. Sign and submit this Basic Information application to Medical Alumni Office by **April 10, 2009**NOTE NEW EXTENDED DATE**
2. College of Medicine student currently in the **third** year
3. Students interested in entering the **surgical** arena
4. Good academic standing
5. Obtain unofficial transcript at <https://bannerweb.upstate.edu/> and submit by **APRIL 30, 2009**
6. Write and submit an original essay of **NO MORE THAN 250 WORDS** on the topic: **"How I, as a new surgeon, will create and maintain effective relationships with my patients."**
Committee will be looking for originality, clarity of thinking and commitment to the field of surgery. Academic rigor and scholarship should be demonstrated in the essay. **TYPED DOUBLE-SPACED, NO LONGER THAN 1 PAGE. DUE APRIL 30, 2009**

Please submit all materials to:

Vincent J. Kuss, Executive Director
Upstate Medical Alumni Office
Setnor Academic Bldg., Ste.1510
750 E. Adams St., Syracuse, NY 13210
Phone: (315) 464-4361 Fax: (315) 464-4360

Student Information: *(Please complete all sections; incomplete forms will be disqualified)*

Applicant's Name: _____

Current Address: _____

Telephone Number: _____ Email: _____

Anticipated date of graduation: _____ Social Security#: _____

Applicant's Hometown (City & State): _____ High School: _____

Undergraduate College: _____ Major: _____ Minor: _____ GPA: _____

Current Activities: _____

I understand that the information contained in my application is for the purpose of the Medical Alumni Foundation to evaluate and consider my request to receive the Fischer Scholarship. I understand that the Medical Alumni Scholarship Committee may contact officials at Upstate Medical University to discuss my application and give permission for them to release information.

Applicant Signature: _____ **Date:** _____

Recipients will be notified by May 11, 2009

Office Use only:
Donor FA Comm