

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 pursuing Pediatrics or a Pediatric sub-specialty
From: Vincent J. Kuss, Executive Director
Re: Betty Reiss, M.D.'68 and Jacob Reiss, M.D., '68 Family Endowed Scholarship

Applications now being accepted for the **\$2,000 Betty Reiss, M.D., '68 and Jacob Reiss, M.D., '68 Family Endowed 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 24, 2009**
2. College of Medicine student currently in their **third** year
3. Intent to pursue **Pediatrics** or a **Pediatric sub-specialty**
4. Good academic standing
5. Biographical sketch describing career goals, academic and intellectual interests
TYPED SINGLE OR DOUBLE-SPACED, NO LONGER THAN 1 PAGE. DUE May 22, 2009
6. Obtain unofficial transcript at <https://bannerweb.upstate.edu/> and submit by **May 22, 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 Reiss 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 August 15, 2009

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