

## 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  
**From:** Vincent J. Kuss, Executive Director  
**Re:** Samuel G. Rosenthal, M.D., '64 Scholarship

Applications now being accepted for the **\$1,000 Samuel G. Rosenthal, M.D., '64 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. Good academic standing
4. One page or less statement reflecting the following: "**Describe a life situation demonstrating dedication to your sense of personal honor.**" **DUE May 22, 2009**
5. Letter of support from a faculty member, advisor or dean, reacting to the above statement. **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 Rosenthal 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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