

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 Surgery
From: Vincent J. Kuss, Executive Director
Re: John B. and Henrietta E. Simeone Scholarship in Memory of Fiorindo A. Simeone, M.D.

Applications now being accepted for the **\$1,000 John B. and Henrietta E. Simeone Scholarship in Memory of Fiorindo A. Simeone, M.D.** 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. Students interested in pursuing **Surgery**
4. Must demonstrate academic excellence and **exhibit compassion**
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. Letter of support from Surgical Mentor. **DUE May 22, 2009**
7. 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 Simeone 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

Office Use only:
Donor _____ FA _____ Comm X _____