

LEE C. VAN WAGNER SCHOLARSHIP LOAN FUND

(Monies from this fund are considered a loan unless applicant returns to Chenango or Otsego County to practice.)

APPLICATION

Name: _____ Social Security No.: _____

Legal Address: _____

College Address: _____

Resident of _____ County Birth Date: _____

Marital Status () Single () Married E-mail Address _____

Home Phone Number: _____ Cell Phone Number _____

Name of Medical or Osteopathic School: _____

Academic Year: _____ Expected Date of Graduation: _____

I will be entering my () 1st Year () 2nd Year () 3rd Year () 4th year

<u>Anticipated Expenses</u>	<u>Estimated Income</u>	<u>Number of Siblings</u> <u>Year in High School</u> <u>Or College</u>
Tuition _____	Savings _____	Age _____
Fees _____	Summer Earnings _____	_____
Room _____	Aid from Parents _____	_____
Board _____	Other Scholarships _____	_____
Books & Supplies _____	_____	_____
Clothing _____	Other Loans _____	_____
Recreation _____	_____	_____
Insurance _____	Other Resources _____	_____
Miscellaneous _____	_____	_____
Total Expenses: _____	Total Income: _____	Parent's Taxable Income: _____
Amount of Aid Requested: _____		
<u>Unusual Circumstances:</u>		

ESSAY: On a separate sheet of paper, please provide a brief paragraph outlining why you want to enter the medical field and what your personal goals are for the future.

Please submit your application to mjones@medsocieties.com by June 1st

Signature: _____ Date: _____