

THE DR. WALTER FREUND MEMORIAL SCHOLARSHIP
SUNY College at Oswego
APPLICATION FORM

The application form for **THE DR. WALTER FREUND MEMORIAL SCHOLARSHIP** follows.

This is a PDF file. Please download, complete all fields, and save it.

Submit the completed application form in paper copy to THE CHAIR OF THE HEALTH PROFESSIONS ADVISORY COMMITTEE, 222 Campus Center, or email it to prehealth@oswego.edu, by the FIRST FRIDAY of NOVEMBER.

All listed supporting documents must also be submitted to the Chair of the Health Professions Advisory Committee (SUNY Oswego, 222 Campus Center, Oswego, NY 13126) by **FIRST FRIDAY of NOVEMBER.**

A student automatically becomes ineligible for the award upon graduation from the college and students must be enrolled in the Spring semester after they apply to be eligible.

THE DR. WALTER FREUND MEMORIAL SCHOLARSHIP
SUNY College at Oswego
APPLICATION FORM
DUE FIRST FRIDAY of NOVEMBER

Please print or type

Name

Class

Local Address

Phone

Permanent Address

Email

Date MCAT was/will be taken

Send scores to Chair of Health Professions
Advisory Committee, 222 Campus Center,
SUNY Oswego, Oswego, NY 13126.

Have scores been sent? Yes

No

Cumulative Oswego GPA

Major(s) at Oswego

Minor(s)

Transfer student? Yes / No If yes, transferred from:

If you are a transfer student, have non-Oswego transcripts been sent to the Health Professions Advisory Committee? Yes / No

Have you or are you receiving financial aid? Yes / No

If yes, provide a current Financial Aid Transcript (reflecting source and amount of financial aid).

Are you currently employed?

If so, where?

How many hours per week?

Do you have siblings currently enrolled in college?

To what medical schools have you applied or do you plan to apply:

Why did you choose the schools listed above?

List any awards or honors received in secondary school or college:

What are your notable talents or hobbies?

Do you have experience working in a medical setting? Yes / No

If yes, please elaborate.

Five references/Evaluations: At least two should be members of the Biology, Chemistry, Physics and/or Mathematics faculty. At least two must be from your discipline (major). One should be from someone outside the Oswego faculty. It is assumed that when you list the names of your evaluators (below) you have consulted with those individuals and that they have agreed to serve in that capacity. DUE FIRST FRIDAY of NOVEMBER.

If you already have letters of reference on file required for the *INFORMATION FOR SUNY OSWEGO STUDENTS APPLYING TO MEDICAL SCHOOLS* document, you do NOT need to submit another set.

(Complete information is needed. "On File" is not acceptable. Please print legibly.)

EVALUATOR'S NAME	DEPARTMENT or Work site	EMAIL ADDRESS and/ or Phone	COURSEs Job Description
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Attach a separate sheet describing any **biographical information** that you feel would enhance your application. These awards are based partially on financial need; therefore, you should include a somewhat detailed statement which reflects and documents financial need in your case. Details of community service, extra-curricular activities, and evidence of career motivation are important. Attach additional information to this application.

COMPLETED APPLICATIONS (WITH ALL SUPPORTING MATERIALS) ARE DUE IN THE OFFICE OF THE CHAIR OF THE HEALTH PROFESSIONS ADVISORY COMMITTEE, 222 CAMPUS CENTER, BY FIRST FRIDAY of NOVEMBER.
