

Upstate Medical Alumni Foundation-2008
\$3,500 Joseph C. Fischer, M.D., '79, Memorial Scholarship

Clerkship Director—**Student Nominee Form**

Clerkship Information:

Name: _____ Title: _____

Address: _____

Phone Number: _____ Email: _____ Date Submitted: _____

Scholarship Requirements:

1. College of Medicine student currently in the *third year*
2. Intent to pursue a career in **Surgery**
3. Good academic standing
4. Submit an original essay of **NO MORE THAN 250 WORDS** on the topic: ***“How I, as a new surgeon, will create and maintain effective relationships with my patients.”***
Committee will be looking for originality, clarity of thinking and commitment to the field of surgery. Academic rigor and scholarship should be demonstrated in the essay
TYPED DOUBLE-SPACED, NO LONGER THAN 1 PAGE
5. Letter of support from a faculty member, dean or advisor

STUDENT NOMINEES:

NAME	RANKING
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Please submit all Nominee Forms to:

Upstate Medical Alumni Foundation
Setnor Academic Bldg #1510
750 E. Adams St. Syracuse, NY 13210
Syracuse, NY 13201
Tel: (315) 464-4361 Fax: (315) 464-4360
E-Mail: gataletd@upstate.edu

Office Use Only

Date Received: _____