

Upstate Medical Alumni Foundation-2008

\$2,000 Samuel G. Rosenthal, MD '64 Scholarship

Clerkship Director—**Student Nominee Form**

Clerkship Information:

Name: _____ Title: _____

Address: _____

Phone Number: _____ Email: _____ Date Submitted: _____

This award will be made annually to a student whose conduct is the paragon of honor and integrity. Whose "noble soul has reverence for itself."

Scholarship Requirements:

1. College of Medicine student currently in their **third year**
2. Good academic standing
3. Biographical sketch contrasting character with personality
TYPED SINGLE OR DOUBLE-SPACED, NO LONGER THAN 1 PAGE
4. **Letter of support** from a faculty member, advisor or dean, **reacting to the above statement**

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: _____