

# UPSTATE MEDICAL ALUMNI FOUNDATION

## NOTICE OF FINANCIAL AWARD OPPORTUNITY: 2008 BASIC INFORMATION APPLICATION FORM

**To:** Class of 2009 College of Medicine Students interested in pursuing Family Practice

**From:** Vincent J. Kuss, Executive Director

**Re:** Bernard J. Burke M.D., Class of 1943 Memorial Scholarship

Applications are now being accepted for the \$1,250 **Bernard J. Burke M.D., Class of 1943 Memorial Scholarship**. Please sign and submit this Basic Information Application Form to us by **March 7, 2008**. All other materials are due to us by **April 25, 2008**. The scholarships will be awarded at the Annual Medical Alumni Scholarship Reception on September 19, 2008, and will offset tuition for spring 2009.

### Scholarship Requirements:

1. College of Medicine student currently in their third year
2. Intent to pursue **Family Practice**
3. Good academic standing
4. Biographical sketch, describing career goals, academic and intellectual interests.  
**TYPED SINGLE OR DOUBLE-SPACED, NO LONGER THAN 1 PAGE**
5. Letter of support from a faculty member, advisor or dean

### Please submit all materials to:

Vincent J. Kuss, Executive Director, Upstate Medical Alumni, Setnor Academic Bldg,  
Ste. 1510, 750 E. Adams St., Syracuse, NY 13210

Fax: (315) 464-4360

**Applicant's Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Anticipated date of graduation:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

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 Burke 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:** \_\_\_\_\_