

# UPSTATE MEDICAL ALUMNI FOUNDATION

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

**To:** Class of 2009 College of Medicine Student interested in pursuing Pediatrics or a Pediatric sub-specialty

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

**Re:** Betty Reiss, M.D.'68 and Jacob Reiss, M.D., '68 Family Endowed Scholarship

Applications now being accepted for the **\$2,500 Betty Reiss, M.D., '68 and Jacob Reiss, M.D., '68 Family Endowed Scholarship**. Please sign and submit this Basic Information Application Form to us by **March 3, 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 Pediatrics or a Pediatric sub-specialty
3. Good academic standing
3. Biographical sketch describing career goals, academic and intellectual interests

**TYPED SINGLE OR DOUBLE-SPACED, NO LONGER THAN 1 PAGE**

### 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 Reiss Scholarship. I understand that the Medical Alumni Scholarship Committee may contact officials at Upstate Medical University to discuss my application and give permission for this to occur.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_