

# UPSTATE MEDICAL ALUMNI FOUNDATION

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

**To:** Class of 2009 College of Medicine Students  
**From:** Vincent J. Kuss, Executive Director  
**Re:** Samuel G. Rosenthal, M.D., '64 Scholarship

Applications now being accepted for **the \$2,000 Samuel G. Rosenthal, M.D., '64 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.

*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**

### 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 Rosenthal 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:** \_\_\_\_\_