

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 Cardiology

From: Vincent J. Kuss, Executive Director

Re: Julius Schwartz, M.D., Class of 1933, Scholarship

Applications now being accepted for the **\$1,000 Julius Schwartz, M.D., '33 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 **Cardiology**
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 dean, faculty member or advisor in the College of Medicine

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 Schwartz 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:** _____