

**Upstate Medical Alumni Foundation-2008**

**\$1,000 Julius Schwartz, M.D., Class of 1933, Scholarship**

Clerkship Director—**Student Nominee Form**

**Clerkship Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**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

**STUDENT NOMINEES:**

STUDENT 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) 464-4360E-Mail: gataletd@upstate.edu

**Office Use Only**

Date Received: \_\_\_\_\_