

Upstate Medical Alumni Foundation-2008

**\$5,000 John B. and Henrietta E. Simeone Scholarship
in Memory of Fiorindo A. Simeone, M.D.**

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 **Surgery**
3. **Must demonstrate academic excellence and exhibit compassion**
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 **Surgical Mentor**

STUDENT NOMINEES:

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

Office Use Only

Date Received: _____