



# **CAPITAL MEDICAL SOCIETY FOUNDATION SCHOLARSHIP APPLICATION 2012**

**This Scholarship Is Only Available To First & Second Year Medical Students at  
the FSU College of Medicine**

1204 Miccosukee Road  
Tallahassee, FL 32308  
850-877-9018  
Fax 850-878-0218  
[www.capmed.org](http://www.capmed.org)

**Please type or print clearly**

**Name:**

**Mailing Address:**

**Phone:**

**Email Address:**

**Year in Medical School:**

1. What is the amount of debt you have incurred in your undergraduate career?
2. What is the amount of debt you have incurred in medical school thus far?
3. Describe your financial resources and needs for this academic year:
4. What kind of family financial support do you foresee?
5. How do you plan to finance and manage your expenses for this academic year?
6. Do you plan to apply to the military or Public Health Service for a scholarship commitment?
7. Where did you attend High School?      Where did you attend College?



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8. Have you joined the Capital Medical Society?  
Have you joined the Florida Medical Association?

9. What is your grade point average?

General?

Science?

MCAT Scores?

If the CMS Foundation Scholarship Committee is interested, may we obtain a copy of your transcript?

8. Any other information you feel would be helpful to the Committee?

I hereby authorize the CMS Foundation Scholarship Committee to review my official records.

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(Applicant's Signature)

**Please return by July 1 to:**  
**Capital Medical Society**  
**1204 Miccosukee Road, Tallahassee, FL 32308**  
**Fax: (850) 878-0218**  
**Email: rcarlin@capmed.org**

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