



CAPITAL MEDICAL SOCIETY FOUNDATION SCHOLARSHIP APPLICATION 2013

1204 Miccosukee Road
Tallahassee, FL 32308
850-877-9018
Fax 850-878-0218
www.capmed.org

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

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?



1204 Miccosukee Road
Tallahassee, FL 32308
850-877-9018
Fax 850-878-0218
www.capmed.org

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.

(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

Rev 9/5/02; 7/24/03; 5/24/04; /5/3/10; 5/1/12; 12/17/12