



3. What is the amount of debt you have incurred in medical school thus far?

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4. Describe your financial resources and needs for this academic year:

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5. What kind of family financial support do you foresee?

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6. How do you plan to finance and manage your expenses for this academic year?

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7. Do you plan to apply to the military or Public Health Service for a scholarship commitment?

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8. Where did you attend High School?      Where did you attend College?

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9. Have you joined the Capital Medical Society? \_\_\_\_\_  
Have you joined the Florida Medical Association? \_\_\_\_\_

10. 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? \_\_\_\_\_

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

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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, 2019 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; 1/3/10; 5/1/12; 12/17/12; 4/29/13; 3/19/14; 5/6/2015; 4/26/16; 8/8/2016; 3/9/18; 4/23/19**