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

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

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?

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

(Applicant's Signature)

Please return by July 1, 2021 to:
Capital Medical Society, 1204 Miccosukee Road, Tallahassee, FL 32308
Fax: (850) 878-0218 Email: rcarlin@capmed.org