



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 June 28, 2024 to:**  
**Capital Medical Society, 1204 Miccosukee Road, Tallahassee, FL 32308**  
**Fax: (850) 878-0218    Email: rcarlin@capmed.org**