

LOS ANGELES HILLEL COUNCIL MEDICAL SCHOLARSHIP PROGRAM

6505 Wilshire Blvd. Suite 450 Los Angeles, California 90048-4906

Medical Scholarship Application Form 2005

Please type, print or write legibly. All questions must be completed in order for application to be properly evaluated. Deadline for submission of Application is September 1st 2005.

General Information:

Name: _____

Mailing Address:

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Permanent Address:

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ FAX: (____) _____

Date of Birth: _____ Age: _____ Sex: _____

Marital Status: _____ Date of Marriage: _____ Children: _____

Age of Children: _____ Veteran: _____ Reserve: _____

Family Information:

Father's Name: _____ Age: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ FAX: (____) _____

Employer: _____ Annual Income: \$ _____ Net Worth: \$ _____

Mother's Name _____ Age: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Employer: _____ Annual Income: \$ _____ Net Worth: \$ _____

Do Parents own their residence? _____ Approximate Equity: \$ _____

Parental Financial Aid: Tuition \$ _____ Room/Board \$ _____ Other \$ _____

Siblings: (Give name; age; school status and/or employment; married/single)

Educational Background:

High School:

Name of School: _____ City: _____ State: _____

Date of Graduation: _____ G.P.A.: _____ Major: _____

Awards and Honors: _____

Undergraduate College:

Name of College: _____ City: _____ State: _____

Attended from: _____ to: _____ Graduation Date: _____ Degree:

_____ Major: _____ Minor: _____ G.P.A.: _____

Name of College: _____ City: _____ State: _____

Attended from: _____ to: _____ Graduation Date: _____ Degree:

_____ Major: _____ Minor: _____ G.P.A.: _____

Awards and Scholastic Honors Received: _____

Activity in College and Community Organizations: _____

Graduate Level Work: (other than Medical School)

Name of College: _____ City: _____ State: _____

Attended from: _____ to: _____ Graduation Date: _____ Degree:

_____ Major: _____ Minor: _____ G.P.A.: _____

Awards and Scholastic Honors Received: _____

Sports and Extra Curricular Activities:

Hobbies and Special Talents and Interests:

Describe briefly your Religious Philosophy, Activities, and Interests:

Medical School:

If you are starting Medical School this year please list the Schools to which you have been accepted. Please indicate which one you intend to begin your studies.

School: _____ City: _____ State: _____

If you are already in Medical School, please complete the following:

School: _____ City: _____ State: _____
This fall I will begin my _____ year. Present G.P.A. _____ Date of Graduation: _____
Major fields of Interest: _____

Internship/Residency at: _____

References:

Two persons, one of whom is a faculty member, who are personally acquainted with your performance, capabilities, and potential.

Name	Address	Telephone	Position
_____	_____	_____	_____
_____	_____	_____	_____

Two persons, neither of whom is related to you, who are familiar with your financial situation.

Name	Address	Telephone	Position
_____	_____	_____	_____
_____	_____	_____	_____

Work Status:

Work done in the summer of 2004:
_____ Earnings: \$ _____

Work done during the past academic year:
_____ Earnings: \$ _____

Prospective employment for summer of 2005:
_____ Earnings: \$ _____

Prospective employment during this and next academic year:
_____ Earnings: \$ _____

Any additional employment information:

Financial Information

Scholarships:

Please list all the Scholarships that you have received in the past, and that you are applying for or expect to receive this year:

_____ Amount: \$ _____
 _____ Amount: \$ _____
 _____ Amount: \$ _____
 _____ Amount: \$ _____

Loans:

_____ Amount: \$ _____
 _____ Amount: \$ _____
 _____ Amount: \$ _____
 _____ Amount: \$ _____

Outstanding Loans:

_____ Amount: \$ _____
 _____ Amount: \$ _____

Total current outstanding Loans: \$ _____

Do you own a car? _____ Make _____ Model _____ Year _____
 Purchase price \$ _____ Date of purchase _____ Down payment \$ _____
 Loan Balance \$ _____ Monthly payments: \$ _____

Budget for coming school year: (12 months)

Funds:

Expenses:

Savings:	\$ _____	School Tuition	\$ _____
Spouse:	\$ _____	School Supplies	\$ _____
Employment	\$ _____	Rent	\$ _____
Scholarships	\$ _____	Food	\$ _____
Loans:	\$ _____	Clothing	\$ _____
Other:	\$ _____	Car	\$ _____
	\$ _____	Medical/Dental	\$ _____
		Recreation/Travel	\$ _____
TOTAL	\$ _____	Insurance	\$ _____
		Miscellaneous	\$ _____
		TOTAL	\$ _____

If Married or about to become so:

Spouse: _____ Date of Marriage: _____

Occupation: _____ Income: \$ _____

Please describe how your spouse will assist in the costs of your Medical Education, and to what extent.

Hillel Participation:

Currently an Active Member: _____ Years of activity _____

At which College: _____ Any other College: _____

How Active in Hillel?

Officer: _____

Other Position: _____

Participant: _____ How Often _____

Social Only: _____ How Often _____

Other important comments:

Verification by College Hillel Director:

The applicant was active in Hillel to the following extent: _____

Signed: _____

Hillel Director

Please use a separate page(s) to provide us with a "word picture" of yourself, including your background and family history, your interests and hobbies, your achievements, as well as your financial situation, including debts, and current needs, and how you envision meeting your goals. This information will further assist us in evaluating your application.

I certify that all the information in this application is true and correct.

Signed: _____ Date: _____, 2005

Note: Be sure you have carefully read the Information material that came with this application, and that you have followed all the instructions.

Thank You,
Los Angeles Hillel Council
Medical Scholarship Committee

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FINANCIAL INFORMATION FORM

Scholarship Year 2005

Name of Student _____

School _____ Year in School _____

Please give your assessment of the student's financial need.

Specific budget shortfalls.

Parental financial assistance.

Other Scholarship/Loan/Grant assistance.

Signature: _____ Date: _____

Title: _____

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**RECOMMENDATION FORM - 1
Scholarship Year 2005**

Name of Student _____

School _____ Year in School _____

In what capacity do you know the student?

Why do you believe that this applicant should receive a Medical Scholarship?

Please list the qualities that would best describe the Applicant, and that you feel would enhance his/her chances of receiving a Medical Scholarship.

Signature: _____ Date: _____, 2005

Title: _____

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**RECOMMENDATION FORM - 2
Scholarship Year 2005**

Name of Student _____

School _____ Year in School _____

In what capacity do you know the student?

Why do you believe that this applicant should receive a Medical Scholarship?

Please list the qualities that would best describe the Applicant, and that you feel would enhance his/her chances of receiving a Medical Scholarship.

Signature: _____ Date: _____, 2005

Title: _____