

I, _____, understand that I have been nominated for the Philippine Medical Society of Northeast Florida, Inc. Scholarship and affirm my wish to be considered. Permission is hereby given to officials of my institution to ~~release~~ transcripts of my academic record and other requested information for consideration in the Philippine Medical Society of Northeast Florida, Inc. Scholarship program. I understand that this application will be available only to qualified people who ~~need~~ need it in the course of their duties. I waive the right to access letters of recommendation on my behalf. I affirm that I plan to pursue a career related to the medical field.

This application, including the essay, is my own work or formally cited ~~from~~ from sources. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature

Date

Biographical Questionnaire: (Please print/type)

Last _____ First _____ M.I. _____

Date of Birth: _____ Sex: Male/ Female

Name of Nominating Institution: _____
Institution Address _____
City _____ State _____ Zip Code _____
Telephone _____
Email address _____

Nominator _____ Position _____

Current cumulative GPA _____ on a scale of _____

- Please attach transcripts
- Please attach updated report card

Anticipated College/University of Attendance _____

- Please include proof of enrollment

Anticipated undergraduate major _____

What medical degree do you plan to pursue? _____

About the Nominee:

1. List any awards, honors, or scholarships you have received in the past four years. Please list in descending order of significance.

Name	Date	Description
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2.

