

Atlantic County Medical Society

PO Box 581

Somers Point, NJ 08244

Phone: 609-926-3488 Email: acms04@hotmail.com

REQUIREMENTS FOR THE ATLANTIC COUNTY MEDICAL SOCIETY SCHOLARSHIP

1. Applicant must be a citizen of the United States and a resident of Atlantic County for at least 3 years prior to making an application for the scholarship.(Parent's or applicant's voting address will determine this).
2. Letter from Medical School advising us that he/she is enrolled in the freshman class of an accredited college of medicine, or a statement from the registration office that the candidate is enrolled.
3. Application must be completed in its entirety and all requested information submitted before consideration of applicant.
4. Applications may be submitted any time after applicant has been accepted to Medical School, but must be postmarked no later than June 15th.
5. The scholarship will be awarded on the basis of the following: need, academic achievement, character, leadership, extra-curricular activities, and personality.
6. All applicants will be notified when they are to appear for a personal interview.
7. In addition to the completed application, the applicant must forward the following:
 - a. College transcript
 - b. Two letters of recommendation (past faculty member of college, past employer, etc.)
 - c. Copy of parents' income tax forms for the last two years
 - d. Information on marital status and dependents
 - e. Copy of scores achieved in Medical School Aptitude Test
8. Send completed application and all other information to:

Suzanne Syed, Executive Director
Atlantic County Medical Society
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