

ALAN AND RUTH BORENSTEIN MEDICAL SCHOLARSHIP FUND
APPLICATION FOR SCHOLARSHIP

Any applicant must demonstrate a financial need. This need must be demonstrated by meeting the financial need requirement of the medical school at which he or she is enrolled. Scholarships will be available to students who have completed at least one year of medical school. The financial aid transcript completed by you and provided to the medical school must be included with this application. During the course of any academic year, scholarships of not more than \$10,000 will be awarded to any applicant. Scholarship will only be valid for students enrolled at this medical school and is not transferable to any other college or university.

Personal Information:

1. Applicant Name _____
2. Address _____
3. Permanent Address _____
4. Social Security Number _____ or ID # for Non US Students
5. Date of Birth _____
6. What undergraduate school(s) did you attend?
 Name & Address _____

 Name & Address _____

7. Are you married? _____
 If "YES", spouse's name and occupation:
 Name: _____
 Occupation: _____
 Name and age of dependents, if any:
 Name: _____ Name: _____
 Age: _____ Age: _____
8. Medical School Entrance Exam Score _____
9. Expected date of medical school graduation _____