Hartford Foundation
for Public Giving
Scholarship Program

Dr. Frank and Florence Marino Scholarship Fund
2013 Medical School Scholarship Application Form

Deadline: May 10, 2013

Criteria: Applicants must have attended Connecticut public and/or parochial schools for at least eight years; graduated from a Connecticut public or parochial high school; and be attending medical school and entering their 2nd, 3rd or 4th year in fall 2013.

Date_____ First-time Applicant ☐ or Renewal Applicant ☐

I. APPLICANT INFORMATION

Name: _____
Last Name First Name Middle Initial

Gender: ☐ Male ☐ Female Date of Birth (Month/Day/Year): _____

Primary mailing address: _____
Number Street Apartment

_____
City State Zip Code Home Telephone

Cell phone number: _____

Email address(es): _____

II. EDUCATION INFORMATION

Elementary School name, address and number of years attended:

_____

_____

Middle School name, address and number of years attended:

_____

_____

High School name, address and number of years attended:

_____

_____

Undergraduate College or University name, address and number of years attended:

_____

_____

Medical school in which you are currently enrolled and year in program:

_____

_____

III. Names and Occupations of parents and number of years at current place of employment:

_____

_____

_____

_____

IV. Siblings

Please list number and ages of siblings. Also indicate if siblings are being supported by parents.

_____

_____

V. Decision to become a physician

Please attach a brief (no more than one page) description of how and why you decided to become a physician.

VI. RESUME

Please submit an up-to-date resume.

The undersigned hereby certify that the information provided on this application, including attachments, is true to the best of their knowledge.

Applicant: _____ Date: _____

Please send the completed application along with the following:

1) Copy of financial aid package awarded to you for the 2013-14 academic year.
2) Letter of good standing from the accredited medical school in which you are enrolled.
3) Physician Decision (see V. above)
4) Resume (see VI. above)

Submit this application along with the materials <u>by May 10, 2013</u> to:

Sarah Carlson
Hartford Foundation for Public Giving
10 Columbus Boulevard, 8th floor
Hartford, CT 06106