

LINN COUNTY MEDICAL SOCIETY  
COLLEGE SCHOLARSHIP FUND  
APPLICATION FORM

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Last Name	First Name	Middle Name	Social Security Number	Date of Birth
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Address	Street	City	State	Zip Code	Phone number	Email
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School Name	Address	Current School Year	Major
		Fr. So. Jr. Sr.	

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Applicant normally lives with ( ) Father, ( ) Mother, ( ) Independently, ( ) Other \_\_\_\_\_

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Father's Name	Occupation	Age
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Mother's Name	Occupation	Age
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Family's total wages before deductions in 2009	Family's total income from other sources
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The following information must be included with this application and received in the LCMS office no later than March 5, 2010. The Scholarship Fund Committee will meet in April and notify students after that time.

- A. A copy of your most recent academic transcript and GPA.
- B. A short typed statement that describes your academic interest, career aspirations and plans.
- C. A letter of reference.

Applicants must be enrolled in an accredited college or university pursuing a pre-medical undergraduate degree program, or enrolled in an accredited medical school, graduate or professional school pursuing a postgraduate degree in medicine or another health care related field.

I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct and complete.

Applicant Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_