

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 2011                      Family's total income in 2011 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, 2012**. 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 \_\_\_\_\_