

Butler County Medical Society

2820 Bobmeyer Rd., Hangar C7 – Ste. 111, Hamilton, OH 45015

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info@butlercountymedicalsociety.org

Scholarship Application

Page 1 of 2

Note: All information provided on this application is CONFIDENTIAL.

Name _____ Date of Birth _____

Street _____

City, State, Zip Code _____

Preferred contact # _____ E-Mail _____

Social Security # _____ Marital Status _____

High School _____ Year Graduated _____

College _____ Year Graduated _____

Medical School _____ Anticipated graduation year _____

Father or Male Guardian _____ Age _____

Street _____

City, State, Zip Code _____

Mother or Female Guardian _____ Age _____

Street _____

City, State, Zip Code _____

Siblings _____ # in College _____ # Dependents on guardian's tax return _____

Applicant's annual income _____

Amount of financial aid you receive from your parents _____

Spouse _____ Annual Income _____

Employer _____ Current Position _____

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Page 2 of 2

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List any additional sources of income, i.e. loans, grants, scholarships:

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Have you considered practicing in Butler County upon completion of your education? _____

List any involvement or community service you and your family have had in Butler County, beginning with your high school years:

Please attach a one page summary of why you think this scholarship should be given to you.

Provide two (2) letters of reference including one letter from your school's dean of student affairs.

The deadline for this application is June 30th of the current year. Scholarships are granted in July. You may apply annually for scholarships.

I certify that all the information provided for this application is correct.

Signature _____ Date _____