Scholarship Application

Whatcom County Medical Society Scholarship

Scholarship Title
WHATCOM COUNTY MEDICAL SOCIETY SCHOLARSHIP

The Whatcom County Medical Society Scholarship was established for pre-med students at Western Washington University (WWU). Two $500 scholarships will be awarded in 2016-17 to qualified WWU students who are pursuing a pre-med track.

QUALIFICATIONS:

1. Pursuing a curriculum in preparation to attend medical school
2. Completion of 90 or more credits
3. “B” grades or better in Chemistry 351, Physics 114 or 161, and Biology 206
4. Minimum 3.5 GPA

APPLICATION PROCEDURE:

A packet containing an application and recommendation forms is available online (in PDF form) on the Career Services Center website, http://www.wwu.edu/careers/.

Materials to be submitted include:

1. Application form,
2. Unofficial transcript (academic history available from WWU’s Web),
3. An application letter to the Whatcom County Medical Society Scholarship Committee addressing your academic and professional goals, and
4. Two letters of recommendation from Western Washington University faculty.

DEADLINE:

April 25, 2016 (postmarks accepted). It is the applicant’s responsibility to assure that all application materials are received by the deadline.

RETURN all documents as one packet to:

Academic Advising Center,
A unit of Academic and Career Development Services
Old Main 380
Western Washington University
516 High Street
Bellingham, WA 98225-9029
PHONE (360) 650-3850

Note: Be prepared to meet with the Whatcom County Medical Society upon request.
Personal Information

Applicant Name (Last, First, M.I.) ________________________________

Student Number

E-Mail Address ________________________________ Birthdate (Optional) W# ________________________________

Permanent Address (Street, City, State and Zip) ________________________________

Permanent Phone Number

Current Local Address (Street, City, State and Zip) ________________________________

Current Local Phone Number

U.S. Citizen? □ Yes □ No WA State Resident? □ Yes □ No; Resident of what state? ________________________________

Marital Status (Optional) □ Single □ Married

What race/ethnicity do you consider yourself? Check all that apply (Optional)

□ American Indian/Alaska Native □ Asian/Pacific Islander □ Black/African American

□ Spanish/Hispanic □ White/Caucasian □ Other ________________________________

Educational Information

Current Class Status: □ Junior □ Senior □ Fifth-year Certification □ Post-baccalaureate □ Masters

□ Other ________________________________

Academic Major: ________________________________ Minor: ________________________________

Proposed Occupation: ________________________________

Cumulative GPA ____________ Major GPA ____________ Expected Graduation Date ____________

List all prior high schools, colleges and universities attended:

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<th>Name of School</th>
<th>Location</th>
<th>Month and Year Attended (From – To)</th>
<th>Year Graduated</th>
<th>Credit Hours Earned Quarter/Semester</th>
<th>Cumulative GPA</th>
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Parental/Guardian Information

Father/Guardian Name ________________________________ Mother/Guardian Name ________________________________

Address ________________________________ Address ________________________________

City ______ State ______ Zip ______ City ______ State ______ Zip ______
Supplemental Information

The following items must be typed or word-processed on separate sheets of paper. Please note the item number or question and your name on each page.

1. List significant activities and honors attained while in high school and college. Also, list volunteer activities and employment information. If you prefer, this summary may be written in a résumé style.

2. Provide a brief statement regarding your educational and career goals.

3. Provide a brief statement describing your need for scholarship funds.

Letters of Recommendation

List the names and positions from whom the Scholarship Committee will receive recommendations.

_________________________________________________________________
___________________________________
Last Name   First Name   Position

_________________________________________________________________
___________________________________
Last Name   First Name   Position

Signed Authorization/Certification

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the release of my grade transcript and the extent of my financial need to interested donors of scholarships who request this information.

Signature of Applicant ___________________________ Date _____________

APPLICATION DEADLINE IS April 25, 2016

Western Washington University is committed to equal opportunity and non-discrimination in all programs and activities and does not discriminate on the basis of race, color, ethnicity, creed, religion, national origin, sex, age, disability, marital status, sexual orientation, Vietnam-era or disabled veteran status.

Submit your completed scholarship application along with the required copies to:

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A unit of Academic and Career Development Services  
Old Main 380  
Western Washington University  
516 High Street  
Bellingham, WA 98225-9029  
PHONE: (360) 650-3850
WHATCOM COUNTY MEDICAL SOCIETY SCHOLARSHIP
FACULTY RECOMMENDATION

Student’s name: ________________________________________________________________

Please write or type your recommendation in this space and sign this form or attach your signed recommendation on letterhead stationary.

Faculty signature _______________________________________________________________

Typed or printed name ___________________________________________________________

Western Washington University department _________________________________________

Return this completed form to the applicant.
It is the applicant’s responsibility to assure that all application materials are on file in the Academic Advising Center by the deadline: April 25, 2016.

Applicant: Return all documents as one packet to Academic Advising Center, Western Washington University, 516 High Street, Old Main 280, Mail Stop 9029, Bellingham, WA 98225-9029. PHONE (360) 650-3850.
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