

Scholarship Applicant Information Form

This form is only for applicants who are unable to apply using their Medical Alumni login at <https://medalumni.upstate.edu>. (If you already have a Medical Alumni login, please **instead** apply to scholarships by logging in to your account and using the appropriate scholarship application(s) for the scholarships you are interested in.) This form should be completely filled out and, along with all materials (CVs, essays and/or personal statements, etc) required for ALL the scholarships you intend to apply for, e-mailed to edgertoe@upstate.edu. Please clearly indicate the name of the scholarship, as well as your name, at the top of the page for all essays or personal statements. (Note: CVs and financial need statements do not need to be submitted multiple times.)

Applicant Information

FIRST NAME

LAST NAME

CLASS YEAR

EMAIL ADDRESS (Please use an email you check regularly)

STREET ADDRESS

CITY

STATE

ZIP

Scholarships Applied For

Please indicate the scholarship(s) you would like to apply for. (You must also attach all materials required for the scholarship, as listed on the scholarship listing page.) You will receive an e-mail confirming your application(s).

I understand that the information contained in this application is for the purpose of the Medical Alumni Foundation to evaluate and consider my request to receive a scholarship. I understand that the Medical Alumni Foundation and Scholarship Committee may contact officials at Upstate Medical University to discuss my application and give permission for them to release information.

I agree to the terms above.