Baltimore City Medical Society Foundation, Inc.

The Baltimore City Medical Society Foundation was established by the members of the Baltimore City Medical Society in 1972 to support philanthropic activities in Baltimore City and to provide scholarships to medical school students who have Baltimore City as their permanent address. The members of the Foundation Board of Directors are members of the Baltimore City Medical Society elected annually as prescribed by the Foundation’s bylaws.

Most of the Foundation’s funds are contributed by practicing physicians in Baltimore City. Additional income is received from patients, friends, and families wishing to honor a Society member. In 1991, a separate scholarship program was endowed in the name of the Medical Staff of North Charles General Hospital and Wyman Park Medical Services.

Scholarship eligibility
The BCMS Foundation awards scholarships to two general categories of medical school students.

1) Scholarships are awarded annually to medical school students who have Baltimore City as their permanent address and who have completed at least one year at an accredited United States medical or osteopathic school. Persons qualifying for these scholarships must have lived in Baltimore City for a minimum of three years while attending high school.

2) The North Charles/Wyman Park Medical Staff Scholarships are available to medical students with a permanent address in Maryland who have completed at least one year at either The Johns Hopkins University School of Medicine or the University of Maryland School of Medicine. Persons qualifying for this scholarship must have lived in the State of Maryland for a minimum of three years while attending high school.

Eligible students may apply for both scholarships, but only one scholarship will be awarded per student per year. A scholarship will be granted to a student only one time.

Number and amounts of scholarships
The number and value of awards are determined by the Foundation Board each year depending upon the funds available. Awards are announced by July 31. The grants are sent directly to the recipients’ medical schools by September 1.

Criteria used to select recipients
All qualifying applicants will be considered. Awards are based on financial need, academic achievement, and personal qualities, which, in the judgment of the Scholarship Committee, demonstrate promise of success in the pursuit of a medical or osteopathic degree. Although there is no pay-back provision in the scholarship program, students are encouraged to return to practice medicine in Baltimore City following completion of their training.

How to apply
In order to be considered, all of the following materials must be RECEIVED on or before June 1 each year by the Baltimore City Medical Society Foundation, 1211 Cathedral Street, Baltimore, MD 21201. Phone 410-625-0022 Fax 410-385-0154.

- A completed and signed application on the form provided.
- A completed and signed financial aid statement on the form provided.
- Official undergraduate transcripts.
- Official medical/osteopathic school transcripts.
- A letter of recommendation, preferably from a member of the Baltimore City Medical Society or MedChi, The Maryland State Medical Society.

It is the applicant’s responsibility to confirm receipt of all required information.
Scholarship Application

☐ Baltimore City Resident Scholarship

☐ North Charles/Wyman Park Medical Staff Scholarship

Are you a student member of the medical society?  ☐ Yes  ☐ No

Name________________________________________

First   MI               Last

Date of Birth_____/_____/_____

Social Security Number_____ - _____-_______

Permanent Address:

___________________________________________ Zip

Phone___________________

Mailing Address:

___________________________________________ Zip

Phone___________________

Dates of Residency: Baltimore City_____ to _____

Maryland:_______ to _______

Spouse’s Name______________________________

No. of Children_________

Spouse’s Occupation________________________

Place of Employment________________________

Father’s Name_____________________________

Address____________________________________ Zip

Occupation________________________________

Place of Employment________________________

Mother’s Name_____________________________

Address____________________________________ Zip

Occupation________________________________

Place of Employment________________________

High School________________________________

Address____________________________________

___________________________________________ Zip

Dates of Attendance____________ to __________

Undergraduate Institution___________________

Address____________________________________

___________________________________________ Zip

Dates of Attendance_________ to _____________

Degree________________

Major________________ Minor________________

HonorsReceived________________________________

___________________________________________

Medical/Osteopathic School___________________

Address____________________________________

___________________________________________ Zip

Date of Entry_____________

I certify that the information given above is true and correct.

Applicant’s Signature________________________

Date____________________

The following items must be submitted to the BCMS Foundation by June 1st:

- Completed and signed application
- Completed and signed financial aid statement on the form provided
- Official undergraduate transcripts
- Official medical school transcripts
- Letter of recommendation, preferably from a member of the Baltimore City Medical Society or MedChi, The Maryland State Medical Society.
Financial Aid Statement  
(Must be completed by the medical school financial aid officer)

FOR ACADEMIC YEAR 2010-2011

| Name______________________________________________________________________________________ | |
| Social Security Number _____-____-_______ | Anticipated Graduation Date:_______________ |
| Name of Medical/Osteopathic School _____________________________________________________________ | |

**EXPENSES**

| Tuition | _____________ | Other Education Costs | _____________ |
| Total Budget | ______________ |

**RESOURCES**

| Student/Spouse Contribution | _____________ |
| Parent Contribution | _____________ |
| Grants/Scholarships | _____________ |
| Subsidized Loans | _____________ |
| Unsubsidized Loans | _____________ |
| Other | _____________ |
| Total Resources | _____________ |

Cumulative Educational Debt

Comments:__________________________________________________________________________________


______________________________
Signature

______________________________
Medical School Financial Aid Officer

| Address____________________________________________________________________________________ | |
| _____________________________________________________________________________________________ | Zip:
| Phone______________________________ | Fax ______________________________ |

I, _____________________________ grant permission to _________________________________ Medical School Financial Aid Office to release the financial information necessary in order to complete this form.

Signature_________________________________________ Date______________________________

Return to the BCMS Foundation by June 1st.