



**Dr. Frank and Florence Marino Scholarship Fund
2017 Medical School Scholarship Application Form**

Scholarship to be awarded for 2017-18 academic year

Deadline: postmarked by May 5, 2017

Criteria: Applicants must have attended Connecticut public and/or parochial schools for at least eight years; graduated from a Connecticut public or parochial high school; and be attending medical school and entering their 2nd, 3rd or 4th year in fall 2017.

Date _____

First-time Applicant or Renewal Applicant

I. APPLICANT INFORMATION

Name: _____
Last Name First Name Middle Initial

Gender: Male Female Date of Birth (Month/Day/Year): _____

Primary mailing address: _____
Number Street Apartment

City State Zip Code Home Telephone

Cell phone number: _____

Email address(es): _____

II. EDUCATION INFORMATION

Elementary School name, address and number of years attended:

Middle School name, address and number of years attended:

High School name, address and number of years attended:

Undergraduate College or University name, address and number of years attended:

Medical school in which you are currently enrolled and year in program:

III. Names and Occupations of parents and number of years at current place of employment:

IV. Siblings

Please list number and ages of siblings. Also indicate if siblings are being supported by parents.

V. Decision to become a physician

Please attach a brief (no more than one page) description of how and why you decided to become a physician.

VI. Resume

Please submit an up-to-date resume.

The undersigned hereby certifies that the information provided on this application, including attachments, is true to the best of their knowledge.

Applicant: _____

Date: _____

Please send the completed application along with the following:

- 1) Copy of financial aid package awarded to you for the 2017-18 academic year.
If you have not yet received your package, please note this on the application and include a copy of your 2016-17 award package. Please send a copy of your 2017-18 financial aid award package as soon as you receive it.
- 2) Letter of good standing from the accredited medical school in which you are enrolled.
- 3) Physician Decision (see V. above)
- 4) Resume (see VI. above)
- 5) Copy of all pages of your SAR (Student Aid Report)*

Incomplete applications will not be reviewed.

This scholarship will be awarded for the 2017-2018 academic year.

Submit this application along with the materials postmarked by May 5, 2017 to:

Sarah Carlson
Hartford Foundation for Public Giving
10 Columbus Boulevard, 8th floor
Hartford, CT 06106

* Your SAR is sent to you after your FAFSA is submitted and processed.