

MSSC

Medical Society of Sedgwick County

Medical Careers Loan Fund LOAN APPLICATION

(Application deadline: September 1st)

FOR INTERNAL USE ONLY:

APP RECEIVED: _____

TRANSCRIPTS REC'D: _____

REF #1 REC'D: _____

REF #2 REC'D: _____

PERSONAL INFORMATION:

Name: _____

Home address: _____ City _____ State _____ Zip _____

Mailing address (if different): _____

E-mail address: _____ Phone No: _____

Age: _____ Place of Birth: _____

Spouse's Name: _____ Spouse's annual income: _____

Parent or Guardian: _____ Occupation: _____

Address of Parent/Guardian: _____

EDUCATIONAL RECORD: (Please list the names and addresses of schools you have attended starting with the most recent.)

(Medical & nursing students in their 2nd year and beyond: Please attach a copy of your current medical/nursing school transcript)

Present Classification and Year: _____

Name of medical or nursing school: _____

Amount of aid requested: _____

Other sources of aid: _____

Briefly explain why you need financial assistance through the Medical Careers Loan Fund:

CHARACTER REFERENCES:

Please list the name, email address, and telephone number of two individuals (other than immediate family members) to whom you have given the attached character reference forms:

Signature of Applicant

ALL INFORMATION RECEIVED WILL BE STRICTLY CONFIDENTIAL

Please return completed applications to:

Medical Society of Sedgwick County

ATTN: Deanne Newland

1102 S Hillside

Wichita, KS 67211

deannenewland@med-soc.org