

The Alan and Ruth Borenstein Medical Scholarship Fund

Notice of Availability of Scholarship Funds

The Alan and Ruth Borenstein Medical Scholarship Fund is pleased to invite all second, third and fourth year students to apply for a scholarship for the 2024-2025 academic year.

Scholarships will be awarded based upon the following criteria:

- Financial Need
- Community Involvement
- Scholastic Record
- Good Moral Character

Applications are available in the Financial Aid office. Completed applications should be returned to our office no later than June 1, 2024.

ALAN AND RUTH BORENSTEIN MEDICAL SCHOLARSHIP FUND

APPLICATION FOR SCHOLARSHIP

Any applicant must demonstrate a financial need. This need must be demonstrated by meeting the financial need requirement of the medical school at which he or she is enrolled. Scholarships will be available to students who have completed at least one year of medical school. The financial aid transcript completed by you and provided to the medical school must be included with this application. During the course of any academic year, scholarships of not more than \$10,000 will be awarded to any applicant. Scholarship will only be valid for students enrolled at this medical school and is not transferable to any other college or university.

Personal Information:

1. Applicant's Name
2. Address
3. Permanent Address
4. Social Security Number or ID # for Non US Students
5. Date of Birth
6. What undergraduate school(s) did you attend?

Name & Address

Name & Address
7. Are you married?

If "YES", spouse's name and occupation:

Name:

Occupation:

Name and age of dependents, if any: Name:

Age: Name:

Age: Age:
8. Medical School Entrance Exam Score
9. Expected date of medical school graduation

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APPLICATION FOR SCHOLARSHIP

10. Please include a brief summary of your academic goals, extracurricular activities and other interests.

11. Describe why it is necessary for you to apply for a scholarship from the Alan and Ruth Borenstein Medical Scholarship Fund?

12. What are your career goals?

13. Alan and Ruth Borenstein Scholarships you have received in prior years.

Year _____	Amount
Year _____	Amount _____
Year _____	Amount

14. Other medical scholarships received in prior years.

Name of Scholarship	Amount
Name of Scholarship	Amount
Name of Scholarship	Amount

15. Please provide two (2) written recommendations from former professors or instructors, as well as your medical transcript. Your application will not be considered if these items are not included.

The Alan and Ruth Borenstein Medical Scholarship Fund is forbidden from granting any scholarship to any individual who is related to the individual trustee (currently, Dr. Peter Greenberg); or who is related to an officer of the Corporate Trustee (currently, The Northern Trust Company). By submitting this scholarship application, the applicant represents that, to the best of his or her personal knowledge, the applicant is not related to the individual Trustee or the Corporate Trustee. The applicant also represents that the information reported on this form and the statements made are, to the best of his or her personal knowledge, true, correct and complete.

Signature of Applicant

Date