



Columbus Medical Association Alliance
1390 Dublin Rd. Columbus, Ohio 43215

The Columbus Medical Association Alliance has established a scholarship fund to M4 students of the College of Medicine, Ohio State University. The scholarship is to be awarded on the basis of academic achievement without regard to income. Monetary awards are a scholarship and not a loan and will be based on available funds, as determined by the Board of Directors.

Eligibility Criteria:

1. Recipient shall anticipate full time enrollment in Ohio State University College of Medicine
2. Recipient shall be entering their fourth year of medical school.
3. Recipient may not be an Alliance member or related to an Alliance member.
4. Recipient shall be selected from the top ten percent of the class.
5. Leadership and community service should be considered in selecting the recipient.

Information

1. The Scholarship can only be used for tuition.
2. The scholarship check will be made payable to OSU
3. The scholarship will apply to the fourth year of the upcoming academic year.
4. The scholarship recipient will be invited and presented to the Columbus Medical Association Alliance Recognition and fundraising event in November in Columbus, Ohio.

Columbus Medical Association Alliance

1390 Dublin Rd., Columbus, Ohio 43215

Columbus Medical Association Alliance-"Physicians"
spouses dedicated to the health of Columbus

Columbus Medical Association Alliance Scholarship

Scholarship will be awarded to qualified M4 students completing third year, who are residents of Ohio and attending OSU Medical School.

Eligibility Requirements - Complete these questionnaire before proceeding

1. Are you a U.S. citizen? yes no
2. Are you a qualified resident of Ohio (i.e. a resident at least 12 months before registering as a medical student, These 12 months could not have been for the purpose of attending undergraduate/graduate school at a Ohio institution) yes no
3. Are you enrolled full time in an accredited Ohio medical school yes no
4. Are you currently a third year medical student yes no

Instructions:

1. Understand that "you" and "your" on this form indicates the student who is applying for a scholarship
2. When there is a box "[]" provided to indicate your selection, please mark the box with an "x"
3. Application materials must be postmarked by June 31 of the current year.
4. Submit the following:
 - a. Application form
 - b. Two reference letters (personal and academic)
 - c. A letter of verification and recommendation from the medical school
 - d. A statement of one page on my vision for the future of Ohio medicine.

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Application for Medical Student Scholarship

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone# (Home/Cell): _____ -- _____ -- _____

E-mail Address: _____

Dean of Medical School: _____

Medical School Address: _____

Year in school: _____ GPA: _____

Educational loans/grants or other scholarships _____ Yes _____ No

List them with the amounts for each:

Mail all necessary documents on or before June 31 to:

Aireen V. Aguilar, c/o CMA Alliance Scholarship Chairperson,
6204 Olentangy River Rd. Worthington, OH 43085