

# Medical Student Scholarship Application Packet



Riverside County Physicians Memorial  
Foundation, a 501 (c) 3 Charitable  
Organization, Tax ID 956080778

# Medical Student Scholarship Program

## What is the goal of this scholarship program?

The RCMA's Medical Student Scholarship Program, organized under the Riverside County Physicians Memorial Foundation, was established to assist students attending medical school. The goal of this scholarship program is to encourage medical students to return to practice in Riverside County, which has an insufficient number of physicians to care for its citizens.

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## What method is used to reach this goal?

Scholarships for tuition, mandatory fees and living expenses are available to a limited number of eligible medical students. Scholarships to assist in the re-payment of student loans are also available upon completion of training and returning to practice in Riverside County.

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## Who is eligible for a scholarship?

To be eligible for a scholarship, a student must be a Riverside County resident for at least a 5-year period, be accepted to or enrolled in an accredited allopathic or osteopathic medical school in the United States or a United States Territory and be a citizen of the United States. Students waiting for confirmation of acceptance to medical school may apply. An applicant must demonstrate financial need. The medical school will be asked to attest to the applicant's good academic standing and financial need.

Selection preference will be given to applicants who meet the above criteria and who demonstrate:

- 1) A commitment to returning to Riverside County to practice medicine
- 2) Financial need
- 3) Prior experience with populations whose health care needs are underserved

When all factors are equal, preference is given to applicants who have resided in Riverside County for the longer period of time or show a firm commitment to returning to Riverside County to practice medicine.

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## How does the application and selection process work?

Applications are available through the RCMA office, 3993 Jurupa Avenue, Riverside, CA 92506, or on the RCMA website at [www.rcmanet.org](http://www.rcmanet.org). **Completed applications must be postmarked no later than May 15<sup>th</sup> of every year.** The scholarship committee may interview applicants as part of the selection process. Announcement of students selected for awards is scheduled for July and the awards are presented at the annual Medical Student scholarship Fundraiser in October.

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## Scholarship Renewal

The scholarship(s) are awarded on an annual basis only. Previous scholarship winners are encouraged to reapply in subsequent years and be in good academic standing in an accredited program.

### Completed application packet must include:

- APPLICATION:** Completed and signed application returned by May 15<sup>th</sup>.
  - ENROLLMENT:** Proof of enrollment in an accredited medical program leading to a degree of medical doctor or doctor of osteopathy.
  - REFERENCES:** Two letters of reference from persons who are not related to you, including names, addresses and phone numbers.
  - FINANCIAL NEED:** Relevant documentation related to financial need.
  - ESSAY:** One page essay (See question #35)
  - PICTURE:** A current picture (Preferably a high resolution .jpg)
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### Questions may be directed to:

Riverside County Physicians Memorial Foundation  
Medical Student Scholarship Program  
3993 Jurupa Avenue  
Riverside, CA 92506

(951) 686-3342  
[www.rcmanet.org](http://www.rcmanet.org)



# MEDICAL STUDENT SCHOLARSHIP APPLICATION

**Return completed application form along with all required documents, no later than May 15th to: Riverside County Physicians Memorial Foundation (RCPMF), 3993 Jurupa Avenue, Riverside, CA 92506**

*Type Or Print All Entries In Ink*

1. Name: \_\_\_\_\_
2. Present Address: \_\_\_\_\_
3. Present Phone: \_\_\_\_\_ 4. Present Email: \_\_\_\_\_
5. Permanent Address: \_\_\_\_\_
6. Permanent Phone: \_\_\_\_\_ 7. Sex: \_\_\_\_\_ 8. Age: \_\_\_\_\_ 9. Citizenship Status: \_\_\_\_\_
10. Date Of Birth: \_\_\_\_\_ 11. Place Of Birth: \_\_\_\_\_
12. Marital Status: \_\_\_\_\_ 13. Number Of Children: \_\_\_\_\_ 14. Ages Of Children: \_\_\_\_\_
15. Spouse/Significant Other's Occupation: \_\_\_\_\_
16. High School Attended: \_\_\_\_\_ 17. Graduation Date: \_\_\_\_\_ 18. GPA: \_\_\_\_\_
19. College Attended: \_\_\_\_\_ 20. Graduation Date: \_\_\_\_\_ 21. GPA: \_\_\_\_\_ 22. Major: \_\_\_\_\_
23. Medical School Attending Or Planning To Attend: \_\_\_\_\_ 24. GPA: \_\_\_\_\_
25. Medical School Address: \_\_\_\_\_
26. Anticipated Year Of Graduation: \_\_\_\_\_ 27. Anticipated Residency Specialty: \_\_\_\_\_
28. Geographic Location You Plan On Working In Upon Completion Of Your Residency: \_\_\_\_\_
29. Parents Name: \_\_\_\_\_ 30. # Of Siblings In Family: \_\_\_\_\_
31. Parents Address: \_\_\_\_\_
32. Parents Phone: \_\_\_\_\_
33. To What Other Schools(S) Have You Been Accepted To? \_\_\_\_\_

**34. Financial Declaration:**

- Please Include Relevant Documentation Or Personal Statement Supporting Your Financial Need.
- Please Complete Financial Worksheet Below (*First year medical students in 2018 may use projected 2018-2019 data*)

2019-2020 Expenses		2019-2020 Resources	
Tuition	\$	Total Personal Income (Employment)	\$
Cost Of Living *	\$	Parental Assistance	\$
Additional Significant Expense	\$	Financial Aid / Scholarships / Loan Repayment Programs	\$
Additional Significant Expense	\$	<b>TOTAL Annual Resources</b>	<b>\$</b>
Additional Significant Expense	\$		
Additional Significant Expense	\$	Average Annual Loans	\$
<b>TOTAL Annual Expenses</b>	<b>\$</b>	<b>**TOTAL Student Loan Debt</b>	<b>\$</b>

*\*Cost of living should be based on the official estimate from your college of medicine's office of financial aid*

*\*\*Total student loan debt is the current "to date" amount of unpaid school loan debt you must repay including unpaid undergraduate loans.*

35. On a separate, attached page, please write an essay describing the following topics: (1) Why you believe yourself to be a deserving candidate for this scholarship (2) What are your reasons for studying medicine (3) Describe an accomplishment you are proud of (4) Describe a volunteer experience helping the underserved community.

**Signature Of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_