

Medical Student Scholarship Donor Packet



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

Riverside County Physicians Memorial Foundation Scholarship Donor Information

Give a Medical Student the Gift of a Lifetime: Donate a Scholarship Today!

The Riverside County Medical Association's Medical Student Scholarship Program, organized under the Riverside County Physicians Memorial Foundation, a 501(c)3 charitable organization, was established to assist students from Riverside County in attending medical school. This scholarship program has enabled many students to attend medical school, many who have returned to the Inland Empire to practice medicine. One specific goal of this scholarship program is to encourage medical students to practice in Riverside County, which has an insufficient number of physicians to care for its citizens. The annual Medical Student Scholarship Program is funded by donations from the medical community as well as by private donors who have enabled medical students to make a difference in the communities they serve.

How Will My Donation Change a Student's Life?

Many scholarship recipients are first-generation medical students striving to complete their educational goals. For these students, a scholarship award can make a profound difference in the continued success of graduating from medical school and returning to practice medicine in their community.

In general, a typical medical student graduates with over \$200,000 in medical school debt, which includes both premedical and medical school debt. In a recent study by the Association of American Medical Colleges, the cost of private medical schools has risen 165% and the cost of public medical schools has gone up 312% over the last 20 years. Young physicians are faced with increasing difficulty in paying their college student loans which affects the decision of attending medical school and/or the affordability of doing so. Your donation to the Medical Student Scholarship Fund helps reduce a medical student's reliance on school loans and encourages students to attend medical school and return to Riverside County to practice medicine.

How Can I Support the Program?

To contribute to the Medical Student Scholarship Program, mail a completed donor form and your tax deductible donation, payable to the Riverside County Physicians Memorial Foundation, to the address shown on the application. There is no limit to the amount you may donate. Donors of \$5,000 or more may choose a title for their scholarship(s) (e.g., The John Doe Scholarship of Excellence) and recommend criteria for the award.

The Medical Student Scholarship Program also has two funds. These are:

- 1) A general endowment fund where the interest is used to fund medical student scholarships for Riverside County Residents.
- 2) A new fund where the interest is used to fund new scholarships specifically for Medical Students, from Riverside County, attending one of our local medical schools in the Inland Empire.

An endowment fund contribution of \$50,000 or more allows people to put their name or the names of loved ones on that endowed scholarship fund.

How Will I Be Recognized for My Contribution?

Your generosity will be noted in several publications, including the Scholarship Reception Program, the Riverside County Medical Association's Website & Publications, and next year's Scholarship Solicitation Newsletter. You will also be invited to meet the recipients and present their scholarships.



Riverside County Physicians Memorial Foundation Medical Student Scholarship Program Donor Form

Yes, I want to give a student a gift of a lifetime!

Name: _____

Company/Trust: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift Amount: _____ Please make payable to: RCPMF, Medical Student Scholarship Fund
3993 Jurupa Avenue, Riverside, CA 92506
TAX ID 956080778

Gift to be used to underwrite the general Medical Student Scholarship Fund

◆ For gifts of \$5,000 or more please specify the name you would like the Scholarship to be named after:

Please put my contribution toward the general Medical Student Scholarship Endowment Fund.

Please put my contribution toward the Inland Empire Medical Schools Student Scholarship Endowment Fund.

◆ For endowments of more than \$50,000, please specify the name you would like the Scholarship Fund named after: _____

How would you like your name to appear for recognition purposes? _____

I (we) would like to recommend the following criteria for this scholarship:

Donors may not pre-determine a recipient. Recipients are selected by members of the scholarship committee.

Please fax this form to: 951-686-1692 or mail to:
Riverside County Physicians Memorial Foundation
3993 Jurupa Avenue
Riverside, CA 92506

For more information please call: 951-686-3342, Dolores L. Green, Executive Director

PLEASE TYPE OR PRINT CLEARLY