MAHONING VALLEY MEDICAL SOCIETY FOUNDATION
P.O. Box 822
Warren, OH 44482
(330) 533-4880
director@mahoningmedsociety.org

Foundation Scholarship Application **DEADLINE DATE: January 11, 2027**

Student ID # ______________________________ MEDICAL SCHOOL ____________________

Name ______________________________________ Age _____ Gender __ M__ F

Current Address
____

Mahoning Valley Address (Parents)
____

Email ____

Phone ______________________________ Is this a cell phone? **Y N**

Marital Status (Circle): Single Married
Lives with: (Circle) Mother Father Stepfather Stepmother

Name/Title of person recommending scholarship: ____________________________________

Have you completed two years of medical school in good standing? (REQUIRED) ___ YES ___NO
Current GPA and/or Standing ________________Anticipated year of Graduation: ______________

♦♦

PARENT/GUARDIAN INFORMATION:

If you are listed as a dependent on your father or mother's tax return, please complete the following:

Father or Male Guardian: ____

Occupation: ______________________________________ How Long at this Job:_________

Address ____

Annual Gross Income (CONFIDENTIAL): $ _______________ Annual Net Inc $____________

Mother or Female Guardian: ____

Occupation: ______________________________________ How Long at this Job: _________

Address ____

Annual Gross Income (CONFIDENTIAL): $ _______________ Annual Net Inc $ ____________

How many dependents do your parents/guardians have? ________ # in college? ___________

Number of dependents listed on parent(s)/ guardian(s) income taxes? ____________________

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Foundation Scholarship Application
Page -2-

APPLICANT'S FINANCIAL INFORMATION:
Are you employed? **Y N** By whom? _____

Gross yearly income: $_____ Net income after taxes: $_____

Do you receive financial support from your parent(s): **Y N** Amount? _____

Please list any additional sources of income (i.e., loans, grants, gifts, scholarships):

AMOUNT	**SOURCE**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please give TOTAL, current debt amount (include all school debt): $ _____

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Foundation Scholarship Application
Page -3-

This scholarship will be awarded based upon need, scholarship, leadership, and community service. Using these criteria, please write a personal statement stating how you meet these criteria and why you feel that you should receive this scholarship.

Please attach one (1) letter of reference from your school's Dean of Student Affairs (or equivalent).

I certify that all the information that I have provided for this application is correct.

_____ _____

SIGNATURE DATE