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 current first, second, and third year students to apply for a scholarship for the 2014-15 academic year.

Five $6,000 scholarships were awarded in 2013-14.

The scholarships will be awarded based upon the following criteria:

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

Applications are available in the Office of Student Financial Planning, Black Bldg. 1-139. You may pick one up, or download the application from our website [http://cumc.columbia.edu/student/finaid](http://cumc.columbia.edu/student/finaid).

Please note that two faculty recommendations are required.

Completed applications can be delivered to our office, Room 1-139 Black Building.

The deadline for submission of applications is Monday, June 9, 2014.
APPLICATION TO THE ALAN & RUTH BORENSTEIN MEDICAL SCHOLARSHIP FOUNDATION

2014-15

Return this form to the Financial Aid Office. (please print)

1. Name in full ________________________________
   Last                      First                       M.I.

2. Local address ______________________________________________

3. Permanent address ____________________________________________

4. Social Security _____ - ____ - ______

5. Date of Birth _____________

6. What undergraduate school(s) did you attend?

   Name and Address ________________________________
   ______________________________________________
   ______________________________________________

   Name and Address ________________________________
   ______________________________________________
   ______________________________________________

7. Are you married?  ___ Yes  ___ No

   If “Yes”, spouse’s name and occupation:
   Name: ________________________________
   Occupation: ________________________________

   Name and ages of dependents, if any:
   Name: _____________________ Age: ______
   Name: _____________________ Age: ______

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

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

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

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12. What are your career goals?

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13. Alan and Ruth Borenstein Medical Scholarships you have received in previous 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 a copy of your medical school transcript.

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 application, applicant represents that, to the best of his or her personal knowledge, applicant is not related to the individual Trustee. The applicant also represents that the information reported on this form and the statements made are, to the best of his or her knowledge, true, correct and complete.

Signature of Student ___________________________ Date _________________