

**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 second, third, and fourth year students to apply for a scholarship for the 2008-09 academic year.

Five \$6,000 scholarships were awarded in 2007-08.

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>.

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 June 16, 2008.

**APPLICATION TO THE ALAN & RUTH BORENSTEIN MEDICAL SCHOLARSHIP
FOUNDATION**

2008-2009

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.

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

12. What are your career goals?

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 Phil Bourne); or who is related to an officer of the Corporate Trustee (currently Northern Trust Bank of Florida N.A.). 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 _____