



## Medical Foundation of Alabama AMASA Medical Student Scholarship Fund

*Awarding scholarships to qualified medical students.*

The AMASA Medical Student Scholarship Fund was established in 2012 to assist rising senior medical students. This scholarship is made possible by the Alliance to the Medical Association of the State of Alabama through fund-raising events and by general and memorial contributions. Multiple awards totaling up to \$10,000 will be presented at the annual meeting of the Medical Foundation of Alabama on April 29, 2023, in Huntsville.

### INSTRUCTIONS

- Complete application by typing or printing clearly using a dark ink.
- Understand that “you” and “your” on this form indicate the student who is applying for the scholarship.
- Application materials must be postmarked by **Jan. 31, 2023**.

Forward the following materials to the MFA/AMASA Scholarship Fund, 19 S. Jackson Street, Montgomery, AL 36104, or send by email to [cmorris@alamedical.org](mailto:cmorris@alamedical.org):

1. Scholarship application
2. Two reference letters (personal and academic)
3. Verification letter from your medical school
4. Typed one-page personal statement (see page 3 for description)

### ELIGIBILITY REQUIREMENTS

You must be able to answer “yes” to all questions in this section, to be eligible for the AMASA Scholarship.

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you a U.S. citizen?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you enrolled full time in one of the following schools: Alabama College of Osteopathic Medicine, Edward Via College of Osteopathic Medicine – Auburn Campus, University of Alabama School of Medicine, University of South Alabama College of Medicine? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently a third-year medical student (when applying)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Applicant, once designated a scholarship recipient, must reply by a specified deadline date to confirm attendance to a presentation event on April 29, 2023, in Huntsville.   |

### PERSONAL INFORMATION

Your title: ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. Name: \_\_\_\_\_  
First name Middle initial Last name

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Number of children/dependents? \_\_\_\_\_

Your social security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_ State \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing address to be used for all application related correspondence:

\_\_\_\_\_  
Number and street (include apartment number); City State ZIP code

Telephone number: \_\_\_\_\_ Is this a cell phone? ☐ yes ☐ no

Your legal/permanent address (If different from above address.)

\_\_\_\_\_  
Number and street (include apartment number); City State ZIP code

Date of birth (month-day-year): \_\_\_\_\_ County of legal residence: \_\_\_\_\_ Date you became a legal resident of Alabama: \_\_\_\_\_

Applicant name: \_\_\_\_\_

### LEADERSHIP POSITIONS AND COMMUNITY INVOLVEMENT

If needed, an additional sheet of paper may be used to answer and comment on the following:  
List and explain leadership positions you have held (high school to present).

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Explain to whom and how you have rendered Community Service (high school to present).

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### MISCELLANEOUS COMMENTS

This space is provided for you to note any special circumstance(s) or conditions that you would like considered (i.e. employment, military service, illness, interrupted education, etc.)

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### PARENTAL INFORMATION

☐ Father ☐ Mother ☐ Other \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Number and street (include apartment number); City State ZIP code*

Telephone number: \_\_\_\_\_ Is this a cell phone? ☐ yes ☐ no

Number of siblings in parents household who are college students for the upcoming academic year? \_\_\_\_\_

### FINANCIAL INFORMATION - INDEBTEDNESS

#### Your Educational Indebtedness:

Undergraduate school \_\_\_\_\_

Graduate school \_\_\_\_\_

Medical school (amount to date) \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Total Educational Indebtedness \_\_\_\_\_

#### You and Your Spouse's Indebtedness:

Automobile loan(s) \_\_\_\_\_

Credit Cards \_\_\_\_\_

Personal loans \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Total Educational Indebtedness \_\_\_\_\_

**TOTAL INDEBTEDNESS** \_\_\_\_\_

Applicant name: \_\_\_\_\_

### FINANCIAL INFORMATION – SOURCES OF INCOME

(Yearly totals only)

2022 Income Earned from Work (You) \_\_\_\_\_

2022 Income Earned from Work (Spouse) \_\_\_\_\_

TOTAL INCOME EARNED FROM WORK \_\_\_\_\_

Will there be any significant changes to the income earned from work during the 2023-2024 academic year? \_\_\_\_\_

If yes, explain in the space provided below.

### FINANCIAL INFORMATION – MISCELLANEOUS

Do you know if you will receive any scholarships and/or grants for the 2023-2024 academic year? \_\_\_\_\_

If yes, how much do you expect to receive? \_\_\_\_\_

Will you receive financial assistance from your parents, other relatives, or friends during the 2023-2024 academic year? \_\_\_\_\_

If yes, how much do you expect to receive? \_\_\_\_\_

Will you receive any untaxed income and/or benefits (i.e., child support, Social Security benefits, workers' compensation, welfare, etc.) during the 2023-2024 academic year? \_\_\_\_\_

If yes, how much do you expect to receive? \_\_\_\_\_

Will you receive any other source of income not identified above? \_\_\_\_\_

If yes, how much do you expect to receive for the upcoming academic year? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

High school attended (during senior year): \_\_\_\_\_

(Preference will be given to graduates of an Alabama high school.) Name

City, State

College attended: \_\_\_\_\_

Name

City, State

Other schools attended: \_\_\_\_\_

Name

City, State

### MEDICAL SCHOOL INFORMATION

Medical school name: \_\_\_\_\_

Medical school address: \_\_\_\_\_

First year/freshman start date: \_\_\_\_\_ Graduation/end date: \_\_\_\_\_

### LIST OF PERSONAL REFERENCES

Name \_\_\_\_\_ City/State \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ City/State \_\_\_\_\_ Occupation \_\_\_\_\_

### PERSONAL STATEMENT

Attach a supplementary sheet to give information about your ambitions, goals, background, leadership, and any other factors that would assist the committee in judging your eligibility.

*I certify that the application materials being submitted are, to the best of my knowledge and belief, complete and correct. I grant the AMASA Scholarship Committee the authority to verify any of the information on this application. I authorize my medical school to release my grades and all other data requested to meet the scholarship's requirements and guidelines.*

*By signing this form, I hereby grant The Medical Foundation of Alabama and the Alliance to the Medical Association of the State of Alabama the unconditional right to use, including but not limited to, my name, photograph (taken or submitted), and essay in connection with any manner or medium, including but not limited to news releases, publications and/or websites for distribution in both printed and digital formats.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Application materials must be postmarked or received by email no later than Jan. 31, 2023.**

Send by mail to:

AMASA Scholarship Fund  
c/o The Medical Association of the State of Alabama  
19 South Jackson Street  
Montgomery, AL 36104

FAX: (334) 269-5200

E-Mail: [cmorris@alamedical.org](mailto:cmorris@alamedical.org)

For more information contact Charlotte Morris at (334) 954-2500 or the email address above.

Additional forms may be found online at [www.alamedical.org/alliance](http://www.alamedical.org/alliance).

[The Fund is administered by the Medical Foundation of Alabama, a 501(c)(3) charitable and educational organization.]