

**PRE-HEALTH SCHOLARSHIP APPLICATION
MASTER 2024-25**

Check the scholarship(s) for which you wish to apply:

(Make sure you have read the descriptions of the scholarships on the web page/listserv so that you are making appropriate choices)

Juniors

Thomas C. '61 and Beverly Adler Brown '78 Scholarship

Jerome J. and Julia Perl and Dr. Theodore Perl Pre-Medical Scholarship

Dr. Dominick and Susan Artuso Pre-Medical Scholarships

The Lawrence and Rita Davis Pre-Dental Scholarship

Beth F ('78) and Anthony J ('77) Terrana Pre-Dental Scholarships

Please supply the information requested.

B Number

Last Name

First Name

Middle Initial

Email Address

Permanent Address:

Street

City

State

Zip

County

Local Address:

Street

City

How have you spent your summers during college years (paid employment, internships, etc.)?

If your education to date has not been continuous, what have you done while not in school?

WERE YOU EVER THE RECIPIENT OF ANY ACADEMIC OR DISCIPLINARY ACTION (e.g. warning, probation, suspension or dismissal) FOR ANY REASON?

YES

NO

IF “YES” INCLUDE AN EXPLANATION OF THE INCIDENT WITH THIS APPLICATION.

Please attach an essay (approximately 750 words) in which you discuss why you believe you would be a worthy recipient of the pre-health scholarship(s) checked above. Please remember to include information regarding your financial need. You should also elaborate on any other items in this application which you feel you were unable to adequately address in the space provided. (Remember to include your name and B number on each page of your essay).

Please list the names and phone number of two faculty references.

Name

Department

Phone

Remember to file the Pre-Health Student Conduct Screening Form located on the site adjacent to this application

Release of Records

I certify that the information submitted in this application and associated materials is current, complete, and correct to the best of my knowledge.

Under provisions of the Family Educational Rights and Privacy Act, I authorize the Pre-Health Professions Advisor to consult with various campus sources and to have access to information related to campus disciplinary sanctions and to present this information to the Pre-Health Scholarship Committee. I also authorize the Pre-Health Professions Office to provide the Pre-Health Scholarship Committee all materials relating to my academic work at Binghamton University, including any transfer credit which may have been obtained for other institutions.

Signature (black ink only)

Date

Because financial need is a consideration for most of the Pre-Health Scholarships, every applicant should file a Free Application for Federal Student Aid (FAFSA) for the next academic year and ensure that it is on file with Binghamton University Financial Aid Services by the scholarship application deadline.

Please complete and sign this form, 'print to adobe/pdf', save the 'printed' copy, then attach it to an email along with your essay, and send it to prhealth@binghamton.edu by the deadline (4/1/24) stated on the scholarship announcement.