

MSSC

Medical Society of Sedgwick County

Medical Careers Loan Fund

LOAN APPLICATION

(Application deadline: September 1st)

FOR INTERNAL USE ONLY:

APP RECEIVED: _____

TRANSCRIPTS REC'D: _____

REF #1 REC'D: _____

REF #2 REC'D: _____

PERSONAL INFORMATION:

Name: _____

Home address: _____ City _____ State _____ Zip _____

Mailing address (if different): _____

E-mail address: _____ Phone No: _____

Place of Birth: _____ High school: _____

Spouse's Name: _____ Spouse's annual income: _____

Parent or Guardian: _____ Occupation: _____

Address of Parent/Guardian: _____

EDUCATIONAL RECORD: (Please list the names and addresses of schools you have attended starting with the most recent.)

Present Classification and Year: _____

Name of medical, physician assistant, or nursing school: _____

Amount of aid requested: _____

Other sources of aid:

Briefly explain why you need financial assistance through the Medical Careers Loan Fund:

Do you have ties to Sedgwick County or rural Kansas (family, education, etc.)?

CHARACTER REFERENCES:

Please list the name, email address, and telephone number of two professional references (not family members or classmates/friends) to whom you have given the attached character reference forms:

Signature of Applicant

ALL INFORMATION RECEIVED WILL BE STRICTLY CONFIDENTIAL

Please return completed applications to:

Medical Society of Sedgwick County

ATTN: Deanne Newland

1102 S Hillside

Wichita, KS 67211

deannenewland@med-soc.org