



MEDICAL UNIVERSITY WOMEN'S CLUB

SCHOLARSHIP APPLICATION

DEADLINE: 5 P.M. - First Friday of October

Thank you for your interest in the _____(year) Medical University Women's Club scholarships.

Applications are accepted from full-time MUSC students in their second and/or continuing years. An MUSC transcript covering at least one year is required. This transcript may be informal or formal (sealed). All information must be received by **5 PM, the first Friday of October**. All materials will be held in strict confidence.

Scholarship recipients will be notified in **mid October** and recognized at the MUWC Scholarship Award Ceremony on campus in late October.

--All five sections must be submitted by the deadline for the application to be complete. (CVs may be submitted as supplemental information only.)

--Complete home address, phone number, and e-mail are required.

--To be considered, applications and supporting documents must be emailed to: muwcscholarship@gmail.com. **NO paper applications will be considered.**

APPLICANT'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EXPECTED GRADUATION YEAR: _____

E-MAIL: _____

COLLEGE of: _____

PROGRAM: _____ YEAR OF STUDY: _____

Please provide detailed information outlining your qualifications in each of the following areas: Financial need, academic performance, community and university service, and a personal statement.

-Submit the above application form as page one along with ALL application materials together in one typed document (please include your name on each page as a header or footer). Submit that typed document via email to muwcscholarship@gmail.com.

-Separately, please have an MUSC faculty member submit a letter of recommendation directly to the same email address, muwcscholarship@gmail.com

1. **FINANCIAL NEED:** Describe how you are currently financing your education.
 - What is your current annual tuition?
 - What are you currently paying out of pocket to meet this (excluding scholarships, grants, etc.)?
 - Are you currently receiving a stipend, scholarship, or grant? If so, the amount.
 - Are you receiving financial support from your parents, other family members, or other sources? If yes, what is the annual amount of such support?
 - What is your current total student debt (including undergraduate)? Please give details and be specific
 - How are your current housing, healthcare, and transportation expenses being paid?
2. **ACADEMIC BACKGROUND AND ACHIEVEMENTS:** Please describe and also provide your MUSC transcript (an unofficial transcript is acceptable). Please provide your current MUSC GPA and MUSC transcript(s). (Additional non-MUSC transcripts may be submitted as supplemental information only.)
3. **COMMUNITY and MUSC SERVICE ACTIVITIES IN THE LAST 18 MONTHS.** Please submit a copy of your **MUSC Gives Back** report (available in Helper Helper) documenting your MUSC and community service hours and list any other community service or campus activities/involvement while a student at MUSC. Please be specific and give details.
4. **PROVIDE A PERSONAL STATEMENT** (up to 300 words). Tell the committee about yourself and why you chose The Medical University of South Carolina, as well as anything else you would like us to know when reviewing your application.
5. **OBTAIN ONE LETTER OF RECOMMENDATION FROM AN MUSC FACULTY MEMBER WHO PERSONALLY KNOWS YOU.** The letter should be emailed to muwcscholarship@gmail.com by **5 PM on the first Friday of October**. Please ensure that your letter has been signed by the faculty member and is on MUSC letterhead.