

Ronald P. Bangasser, M.D. Medical Student Scholarship Fund

APPLICATION PROCEDURES

This scholarship honors a local physician who contributed to health care, medicine, his patients and his community. Medical students from Loma Linda University School of Medicine and University of California Riverside who have completed two years of medical school are eligible to apply for the \$2,000 scholarship. **Deadline for submission of application is March 1.**

Requirements for selection of candidate

1. Official confirmation from Loma Linda University School of Medicine or University of California Riverside of completion of a minimum of one year of medical school and verification of student's good standing. Applicant may apply during second or third year.
2. Submission of a Curriculum Vitae to include community service activities
3. Two letters of recommendation: at least one of whom is a medical school faculty member, a second who can be a physician, employer, advisor, or community service director.
4. Two essays addressing two topics designated in the application.

Preference will be given to those applicants who meet the following criteria

1. Community service performed in San Bernardino or Riverside County.
2. Attended a college or university in Southern California.
3. A member of the San Bernardino County Medical Society or the Riverside County Medical Association.

A completed application packet includes:

- Application
- Curriculum Vitae
- Two Letters of Recommendation
- Two Essays (see description below)

ESSAY CRITERIA

Submit two typed essays in 12 point font (maximum 500 words each). Select one essay from each category below.

Category 1

1. Do you desire to be a leader in the medical profession? Why? Provide specific examples of your contributions and/or projects you've made to your campus and peers.
2. How have your involvements and/or projects affected your local community? Describe specific examples of your contributions to your community.

Category 2

1. Describe an experience that significantly influenced your choice to become a physician.
2. Describe your career goals, including the type of practice you want.

Please mail your completed application packet to:
Ronald P. Bangasser, M.D. Medical Student Scholarship
c/o San Bernardino County Medical Society
3993 Jurupa Avenue, Riverside, CA 92506-2229
Questions: 951-787-7700

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APPLICATION

Please type, print or write legibly. All questions must be completed in order for application to be properly evaluated. **Deadline for submission of application is March 1 of each year.**

Name of Applicant: _____

Date of Birth: _____ Sex: ___ M ___ F ME Number: _____

Email Address: _____ Phone: _____ Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Medical School: _____ Anticipated Year of Graduation: _____

What year in medical school will you be completing this year? ___ 1st ___ 2nd ___ 3rd ___ 4th

Have you repeated any year(s) of medical school? ___ Yes ___ No

If yes, which year(s) and for what reason: _____

Are you on academic probation? ___ Yes ___ No

Are you a member of: The San Bernardino County Medical Society or the Riverside County Medical Association? If yes, which association: _____

Did you attend a community college in San Bernardino or Riverside County? If yes, which college: _____

References/Letters of Recommendation: Two persons, at least one of whom is a medical school faculty member, a second who can be a physician, employer, advisor, or community service director and who are personally acquainted with your performance, capabilities, and potential.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Position</u>
_____	_____	_____	_____
_____	_____	_____	_____

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