



APPLICATION FOR CITYDOCTORS NYC HEALTH + HOSPITALS SCHOLARSHIP

FOR SCHOOL USE ONLY

Entering Class: _____

Scholarship: _____



St. George's University
THINK BEYOND

**NYC
HEALTH+
HOSPITALS**

Student Information

1. Name: _____

2. Student ID Number: A00 _____ 3. Date of Birth: (mm/dd/yyyy) _____ / _____ / _____

4. Permanent address: _____

5. Mailing address: _____

6. Phone number: _____ 7. Email: _____

8. Country(s) of citizenship: _____ 9. Country(s) of legal residence: _____

10. Please list all languages, including English, you are fluent in (be sure to note which language was your first language):

Student Qualification

To qualify for the CityDoctors NYC Health + Hospitals Scholarship, you must be a US citizen or permanent resident* and be accepted into to the Doctor of Medicine degree program at St. George's University. In addition, an applicant must fulfill at least one of the following criteria and provide physical verification.

PLEASE CHECK ALL THAT APPLY

- I am presently and have been a resident of New York City¹ for the past five years
- I am a graduate of a New York City high school
- I am a graduate of a New York City college or university
- I am a full-time employee for either the City of New York or NYC Health + Hospitals
- At least one of my parents is a full time employee for either the City of New York or NYC Health + Hospitals

*Manhattan, Queens, Brooklyn, The Bronx, and Staten Island

Selection Process

Eligible students applying for the January entering MD class can apply for this scholarship at any time during the admissions process. After acceptance to the St. George's University School of Medicine MD program, their scholarship application will be passed on to the selection committee at NYC Health + Hospitals who will select the scholarship recipients. The committee may contact top candidates for a phone or video conference interview. Once selections have been made all applicants will receive a letter from St. George's University regarding the status of their scholarship application.

You should be aware that this scholarship program is generally very competitive. Unfortunately, awards cannot be made to every deserving student. Award determinations are based on: (1) Demonstrated academic excellence, (2) The applicant's commitment to the special qualities associated with this program, and (3) The degree of the family's financial need and the availability of funds from the school and other sources.

I understand that by applying for the CityDoctors Scholarship I am also giving St. George's University my permission to share financial and academic information gathered as part of my application for admission and this scholarship with NYC Health + Hospitals.

Signature: _____ Date: _____ / _____ / _____

Application Instructions

1. Write an essay that explains your professional goals as a primary care physician and your commitment to post residency service at an NYC Health + Hospitals affiliated hospital. Please use the space provided on this application or submit the essay on a separate sheet of paper. **Essays should be approximately 500 words, typed, and enclosed with this application.**
2. Complete all questions that apply to you. Failure to complete all questions will result in an incomplete status.
3. All students applying to the CityDoctors NYC Health + Hospitals Scholarship program must fill out a Free Application for Federal Student Aid (FAFSA). Further documentation may be requested.
4. Include documentation which supports that you meet the New York City residency and/or NYC Health + Hospitals employment criteria (i.e. pay stub, residency affidavit, copy of lease, etc.).
5. Include current curriculum vitae (CV), a list of all community service/volunteer work, and at least two references (include name, relationship, address, phone number).
6. You must **print and sign** the agreement on **page 1**, the certification and authorization on **page 5**, and the FERPA release on **page 6**. Electronic signatures will not be accepted.
7. Mail, fax, or scan and email the completed application and required documents.

RETURN APPLICATION AND REQUIRED DOCUMENTS TO:

St. George's University
c/o The North American Correspondent
University Support Services, LLC
ATTN: Jaime Surace
3500 Sunrise Highway, Building 300
Great River, NY 11739

Tel: (800) 899-6337 or (631) 665-8500
Fax: (631) 665-8623
Email: citydoctors@sgu.edu

If you wish to apply electronically using the fillable PDF version, please print the application once you have filled in all the fields, sign pages 1, 5 and 6, and email a scanned copy of the application and required supporting documents to citydoctors@sgu.edu. Please try to keep the application as one document.

Student's Commitment and Expectations

In return for accepting the scholarship:

1. Students will commit to an attending position in primary care at one of NYC Health + Hospitals' affiliated hospitals for the amount of years the scholarship was provided (four years for a full scholarship; two years for a half scholarship). This commitment can be fulfilled at any NYC Health + Hospitals affiliated hospital.
2. If for some reason the student is unable to fulfill this commitment, the scholarship will convert to a loan.
3. Students will sign an agreement to the terms of the convertible loan when they accept the scholarship.
4. Students must maintain the regular academic standards set forth by St. George's University School of Medicine.

Application Deadlines and Award Notification

All applications will be reviewed by the NYC Health + Hospitals scholarship committee after the deadline date. Upon review and selection each applications will receive either an award letter or a letter of declination.

DEADLINE: November 1 for class commencing in January

Student Name: _____

Student ID Number: A00_____

Student Information

1. Marital Status: _____

2. During the past year:
- a. How did you support yourself? _____
 - b. How much money did you earn? _____
 - c. What was your occupation? _____
 - d. How much money did your spouse earn? _____
 - e. What was your spouse's occupation? _____

3. List the types and amounts of outstanding educational and commercial debt you have already incurred and the amount of unpaid balance.

Type of Loans	Unpaid Balance

4. Have you ever declared bankruptcy or defaulted on a loan? YES NO

5. What scholarships did you receive as an undergraduate and/or graduate student? _____

6. Do you and/or your spouse own a home? YES NO (if yes, complete a–d below)

- a. What year was it purchased? _____ c. How much do you still owe on the purchase value? US\$ _____
- b. What was original purchase price? US\$ _____ d. What is present market value? US\$ _____

7. Please list the value of your assets.

- a. Land and other buildings (other than home) US\$ _____

Value

Description
- b. Annual income produced US\$ _____
- c. Savings US\$ _____
- d. Money owed to by others US\$ _____
- e. Other assets: (explain) _____

8. Do you own an automobile? YES NO (If yes, complete a and b for each automobile.)

- a. Make (VW, Fiat, Toyota, Ford, etc.) _____ b. Year of manufacture _____
- a. Make (VW, Fiat, Toyota, Ford, etc.) _____ b. Year of manufacture _____

9. List agencies/foundations/governments to which you are applying for financial aid, excluding St. George's University.

Agency/Foundation/Government	Application date	Award notification date	Expected Amount US\$

Student Name: _____ Student ID Number: A00 _____

CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct, and complete. St. George's University School of Medicine has our permission to verify the information reported by obtaining documentation as needed. WARNING: Providing false information may result in the University revoking its initial decision to enroll this student.

Student Signature _____ DATE: ____ / ____ / ____

Spouse's Signature _____ DATE: ____ / ____ / ____

Student Name: _____ Student ID Number: A00 _____

FERPA RELEASE

Student Name _____

Identification Number _____

Address _____

I, the undersigned, hereby authorize St. George's University ("SGU") to release the following educational records and information:

Financial Information; Student Identification Number; Race, Ethnicity, and/or Nationality; Gender; Transcripts; Grade Reports

to New York City Health and Hospitals Corporation for the purpose of my application for The CITYDOCTORS Scholarship.

This Release is effective for one (1) year from the date of this Release.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) I may withdraw this Release at any time prior to its expiration by writing to the physical address listed in paragraph 7 of the Application Instructions above via Certified Mail or Hand Delivery.

Student's Signature _____ DATE: ____ / ____ / ____

Student Name: _____ Student ID Number: A00 _____

ESSAY

Write an essay that explains your professional goals as a primary care physician and your commitment to post residency service at an NYC Health + Hospitals affiliated hospital. Please use the space below or submit the essay on a separate sheet of paper. **Essays should be approximately 500 words, typed, and enclosed with this application.**

Student Name: _____ Student ID Number: A00_____