



FOR SCHOOL USE ONLY

Entering Class: _____

Scholarship: _____

APPLICATION FOR CITYDOCTORS Hackensack University Medical Center Scholarship

Student Qualification

To qualify for one of the the CityDoctors Hackensack University Medical Center Scholarships, you must be a US citizen or permanent resident and be accepted into 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 an employee of Hackensack University Medical Center and have been for a minimum of one year.
- An immediate family member is an employee of Hackensack University Medical Center and has been for a minimum of one year.
- I am currently and have been a resident of Bergen County, New Jersey for a minimum of one year.

Selection Process

Eligible students can apply for this scholarship once they have been accepted into the January entering class of the St. George's University School of Medicine MD program. Scholarship applications should be sent directly to the office of academic affairs at Hackensack University Medical Center for processing and selection.

Please note 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 financial need and the availability of funds from the school and other sources.

Application Instructions

1. Write an essay explaining why you are a good candidate for the CityDoctors Hackensack University Medical Center Scholarship program based on one or more of the following topics: (A) outstanding academic achievement, (B) community work, (C) leadership roles, (D) financial hardship. Please use the space provided on this application (page 4) 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/fields listed on page 1-4.
3. Include the following items with this application:
 - (a.) Documentation which supports that you meet either the Bergen County, NJ residency or Hackensack University Medical Center employment criteria (i.e. pay stub, residency affidavit, copy of lease, etc.).
 - (b.) A copy of your St. George's University School of Medicine acceptance letter.
 - (c.) A copy of college transcripts and academic achievements. Please feel free to include copies of awards, abstracts etc.
4. Electronically sign or print this application and sign the agreement on **page 2** and the FERPA release on **page 3**.
5. **Email all documents in a single attachment to citydoctors@sgu.edu.**

Student Name: _____ Student ID Number: _____

Student Information

1. Name: _____

2. Student ID Number: _____ 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: _____

Hackensack University Medical Center Employee Information

Only complete if you or someone in your immediate family is currently employed by Hackensack University Medical Center and has been for a minimum of one year.

1. Name of Employee: _____ 2. Relationship: _____

3. Department: _____

4. Employee Phone number: _____ 5. Employee Email: _____

Student's Commitment and Expectations

In return for accepting the scholarship students must maintain the regular academic standards set forth by St. George's University School of Medicine.

Application Deadlines and Award Notification

CityDoctor Hackensack University Medical Center Scholarships will only be awarded for the January start term. Applications will receive either an award letter or a letter of declination in a timely manner.

DEADLINE:

November 20 for class commencing in January

Late applications will be reviewed until award recipients are granted.

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 Hackensack University Medical Center.

Signature: _____ Date: ____ / ____ / ____

Student Name: _____ Student ID Number: _____

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 Hackensack University Medical Center 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 address listed below via Certified Mail or Hand Delivery:

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

Signature: _____ Date: ____/____/____

Student Name: _____ Student ID Number: _____

ESSAY

Write an essay explaining why you are a good candidate for the CityDoctors Hackensack University Medical Center scholarship program based on one or more of the following topics: (A) outstanding academic achievement, (B) community work, (C) leadership roles, (D) financial hardship. 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: _____