



APPLICATION FOR CITYDOCTORS NYC Health + Hospitals Scholarship

FOR SCHOOL USE ONLY

Entering Class: _____

Scholarship: _____



St. George's University
SCHOOL OF MEDICINE
Grenada, West Indies

NYC
HEALTH+
HOSPITALS

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: _____
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,* be accepted into to the Doctor of Medicine degree program at St. George's University, and must be pursuing practice in a primary care field— internal medicine (included in geriatric), family medicine, pediatrics, or OB/GYN. 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 City* 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. Electronically sign or print this application and sign the agreement on **page 1**, the Confidential Financial Statement on **page 4**, the certification and authorization on **page 5**, and the FERPA release on **page 6**.
7. **Email all documents in a single attachment to citydoctors@sgu.edu**

Student's Commitment and Expectations

In return for accepting the scholarship:

1. Student will commit to applying through the central office for a position as a primary care attending physician at one of the NYC Health + Hospital's Corporation hospitals and diagnostic centers. It is up to the discretion of NYC Health + Hospitals to extend an offer of employment. If hired, student will commit to an attending position for the amount of years the scholarship was provided (four years for a full scholarship; two years for a half scholarship).
2. 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 20 for class commencing in January

Student Name: _____

Student ID Number: A00_____

U.S. CONFIDENTIAL FINANCIAL STATEMENT
St. George's University School of Medicine

The Confidential Financial Statement (CFS) is designed to gather information from students who are applying for assistance from SGU. SGU can only consider applications for assistance prior to enrollment in the 4 year MD program.

Please complete each section of the Financial Statement and submit to admissions@sgu.edu

It is important to complete all sections and indicate N/A in any sections that do not apply

Include your Student Id with all correspondences

| Student Information | | | | |
|---|--|--|---|---|
| Last Name | | First Name | | Student ID (A0#) |
| Province (if applicable) | | When do you expect to begin your studies at SGU? | | |
| Your Permanent Address | | | | |
| Your Mailing Address | | | | |
| Country(ies) of Citizenship | | | | |
| Country(ies) of Permanent Residence | | | | |
| Student's Marital Status | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Domestic Partnership <input type="checkbox"/> | |
| Parental Information | | | | |
| What is your parent's current marital status? | | | | |
| Parent's Name | | Parent's Name | | |
| Address | | Address | | |
| Occupation/Title | | Occupation/Title | | |
| Employed <input type="checkbox"/> | Self Employed <input type="checkbox"/> | Retired <input type="checkbox"/> | Employed <input type="checkbox"/> | Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> |
| How many people, including yourself, are dependent on your parents' financial support for assistance in areas such as education, living expenses, etc.? | | | | |
| Members in Household | | | | |
| Full name of family member | Age | Relationship to you | Year in school | Amount of parental contribution USD\$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Financial Information: Please list in U.S. Dollars (USD\$) | | | | |
| Documentation may be required upon request. | | | | |
| During the prior calendar year, how much household income (before taxes or expenses) came from the following sources: | | | | |
| Student/Spouse Income | | Parent's Income | | |
| Student's wages | \$ | Father's wages | \$ | |
| Spouse's wages | \$ | Mother's wages | \$ | |
| Interest & Dividend Income | \$ | Interest & Dividend Income | \$ | |
| Income from Business | \$ | Income from Business | \$ | |
| Income from Rental Property | \$ | Income from Rental Property | \$ | |
| Pension/Annuity/Retirement | \$ | Pension/Annuity/Retirement | \$ | |
| Other Income | \$ | Other Income | \$ | |
| Will there be a significant increase or decrease in yours or your family's income next year? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please explain: | | | | |

Asset Information - Student & Spouse: Please list in U.S. Dollars (USD\$)

| | | | |
|--|--|---|--|
| Do you and/or your spouse own your own home? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you and/or your spouse own a business? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current Market Value of Home | \$ | Market Value of Business | \$ |
| Outstanding Mortgage | \$ | Type of Business | |
| Savings | \$ | Investments (such as stocks and bonds) | \$ |
| Market Value of other real estate (other than home)* | \$ | Please describe (ex. land, vacation home, rental property)* | |

Asset Information – Parental: Please list in U.S. Dollars (USD\$)

| | | | |
|---|--|---|--|
| Does your family own their home? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Does your family own a business? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current Market Value of Home | \$ | Market Value of Business | \$ |
| Outstanding Mortgage | \$ | Type of Business | |
| Savings | \$ | Investments (such as stocks and bonds) | \$ |
| Market Value of other real estate (Do not include primary residence)* | \$ | Please describe (ex. land, vacation home, rental property)* | |

Expected Support for Educational Expenses: Please list in U.S. Dollars (USD\$)

| | Year 1 | Year 2 | Year 3 | Year 4 |
|--------------------------------|--------|--------|--------|--------|
| Student's Savings / Assets | \$ | \$ | \$ | \$ |
| Family Income | \$ | \$ | \$ | \$ |
| Family Assets | \$ | \$ | \$ | \$ |
| Relatives and Friends | \$ | \$ | \$ | \$ |
| Private Scholarships (non SGU) | \$ | \$ | \$ | \$ |
| Private Sponsor | \$ | \$ | \$ | \$ |
| Other: Please explain below | \$ | \$ | \$ | \$ |
| TOTAL | \$ | \$ | \$ | \$ |

U.S Federal Loans / Private Student Loans : Please list in U.S. Dollars (USD\$)

Most U.S. students utilize U.S. Federal Loans to assist with their total educational expenses

| | |
|---|--|
| Have you completed the FAFSA | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you plan to borrow U.S Federal Student Loans up to your full eligibility | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Private Student Loans

| | | | |
|---|--|----------------------------|----|
| Have you applied for a Private Student Loan | Yes <input type="checkbox"/> No <input type="checkbox"/> | How much did you apply for | \$ |
| | | | |

Please use this section to explain special circumstances or to provide us with any other information that would be helpful in evaluating you for scholarship/financial assistance.

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.

Signature of Student DATE _____

Signature of Spouse DATE _____

Name of Spouse (printed)

Signature of Parent DATE _____

Name of Parent (printed)

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: _____

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 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 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: _____