

**Schiff Family Foundation Endowed Scholarship Fund in Primary Care
Application Form 2019-2020**

Applicant Last Name: _____ First Name: _____

Permanent Address: _____

City: _____ State: _____ ZIP: _____

How long have you lived at this residence? _____ Years _____ Months _____

Individual submitting the Letter of Recommendation on your behalf: _____

In the box below, please explain how you decided to pursue a career in primary care. (Response limited to 2500 characters)

In the box below, describe how you see yourself practicing as a physician in 15 years. (Response limited to 2500 characters)

By initialing below, I acknowledge that:

_____ The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

_____ I give permission to the scholarship review committee to review and consider any and all information submitted in my application portfolio, including but not limited to my AMCAS application materials and Secondary Application.

_____ I understand that my submission for this scholarship in no way influences the admissions committee's previously determined decision regarding my application to the University of Cincinnati College of Medicine.

_____ I understand that the scholarship for entering first year students is \$25,000 in year one, and \$75,000 awarded across years three and four of medical school.

_____ I understand that if I receive the Schiff Scholarship and decide to practice in a non-primary care specialty I will be asked to contribute to the Schiff Scholarship Fund in the amount equal to the amount of scholarship funds received.

_____ I understand that this scholarship is given with the understanding that if I am offered and accept a service-commitment scholarship (e.g., Armed Forces Health Professions or National Health Service Corps Scholarship Program), I am ineligible for this scholarship.

Applicant's Signature

Date

Completed application forms should be sent as a PDF file to MDadmissions@uc.edu with the subject line "**Schiff Scholarship Application.**" Please include your last name as part of the file name. Letters of Recommendation may be emailed directly from the letter writer to MDadmissions@uc.edu with the subject line "**Schiff LOR (STUDENT LAST NAME)**".

If you have any questions about the Schiff Scholarship Fund including eligibility requirements and the application process, please contact us via email at **MDadmissions@uc.edu**.