

THE MARIAN J. WETTRICK CHARITABLE FOUNDATION SCHOLARSHIP
APPLICATION FOR
FIRST YEAR FEMALE MEDICAL SCHOOL STUDENT

Name: _____ SSN: _____

Street Address (including Apt. No.): _____

City: _____ State: _____ Zip Code: _____

Telephone/Cell Phone No.: (_____) _____ Date Of Birth _____

If different from above, please indicate your Permanent or Hometown address:

Street Address (including Apt. No.): _____

City: _____ State: _____ Zip Code: _____

Pennsylvania College attended: _____ Date of Graduation: _____

1. To which Pennsylvania medical schools have you been accepted for admission following your graduation from college? Attach a copy of the acceptance letter(s) from these Pennsylvania medical schools to this Application.

2. Do you plan to attend any Pennsylvania medical schools at which you have been accepted? If so, which one? Why?

3. (a) Do you have an inclination (nonbinding) to practice medicine at Charles Cole Memorial Hospital, Coudersport, Potter County, Pennsylvania, upon graduation from medical school and completion of any post-graduate medical internship? If so, why?

(b) Do you have an inclination to serve one of your rotations at Charles Cole Memorial Hospital? If so, why? _____

4. What course of medical study do you plan to pursue during your medical school education? Why?

5. If you anticipate receiving financial assistance or scholarships from any other sources, please describe them, including the amount(s) expected: _____

6. List any extracurricular activities, volunteer work, community service, and/or hobbies in which you engage or have engaged in over the past three years. Please note any special awards, commendations, or public recognition you may have received and/or offices held. _____

Attach additional sheets of paper if needed to complete your answer. Please reference each question number.

INSTRUCTIONS: Submit Original Application and Medical School Transcript with 4 copies of each to the Medical School Financial Aid Office by March 31, 2010.

Please read and sign the following:

I have examined this Application and the accompanying materials and hereby state that, to the best of my knowledge and belief, they are true, correct, and complete. I am voluntarily applying for the scholarship set forth above and I hereby authorize and permit the Foundation or any person acting on its behalf to obtain information about me (including, but not limited to, both biographical and financial) and my academic record, attendance, and performance from any source or custodian of such information, and I hereby authorize and direct any such custodian to provide the information requested by the Foundation or any person acting on its behalf. Furthermore, my signature below constitutes my consent and waiver of any claim or liability against the Foundation, any person acting on its behalf, or any person or entity, which provided information to it or them. I hereby release the Foundation and all such persons from any liability relating to its or their seeking receipt, use, or any provision of any such information. I agree that any material false statement made by me either by this Application or in any other materials made or submitted by me in support of this Application shall, in and of itself, constitute due and proper cause for the rejection of my Application without further review or investigation. I further understand and agree that after I submit this Application I may be requested or required to provide additional supplemental information in support of it and to meet with the Foundation or its designees as part of the application process. I also agree to provide a follow-up written statement if any response contained in this Application materially changes after submission.

Dated: _____ Applicant's Signature: _____

Applicant's Email address: _____

PLEASE PROVIDE MCAT EXAM SCORE: _____

Financial Aid Office to forward the original Application, Transcript and 4 copies of each by March 31st to:

**MARIAN J. WETTRICK CHARITABLE FOUNDATION
CITIZENS & NORTHERN BANK
ATTN: EILEEN S. BALLWAY, AVP & TO
10 N. MAIN STREET
COUDERSPORT, PA 16915
(814) 274 - 1927**

IMPORTANT: If selected, a personal interview with the Marian J. Wettrick Charitable Foundation Selection Committee will be scheduled in May of 2010 at Charles Cole Memorial Hospital in Coudersport, PA.