

HOWARD G. LAPSLEY MEMORIAL SCHOLARSHIP FUND

Muhlenberg Foundation | 80 James Street, Edison, NJ 08820

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www.jfkmc.org/jfk-foundation/scholarships

APPLICATION

General Information for Applicants:

The Howard G. Lapsley Memorial Scholarship Fund for Medical Education was established in 1979 to provide financial aid to qualified candidates attending Medical or Osteopathic School.

Applications will be reviewed by the Scholarship Committee and **must be received by May 1.**

Applications received after May 1 will not be considered.

(Please type or print all responses.)

1. Name: _____
2. Current Mailing Address: _____
3. Telephone Number: _____
4. Permanent Mailing Address: _____
5. Permanent Telephone Number: _____
6. Email Address: _____
7. Date of Birth: _____ Birth Place: _____ Sex: _____
8. Citizenship: _____
9. Military Status: _____
10. Marital Status: _____
11. Educational Background:
 - Elementary School: _____
Address: _____
Date Graduated: _____
 - High School: _____
Address: _____
Date Graduated: _____
 - Undergraduate College: _____ Degree: _____
Address: _____
Date Graduated: _____
 - Post Graduate Studies (if any): _____
Address: _____
Years Completed: _____
 - Medical/Osteopathic School: _____ Date Started: _____
Address: _____
Years Completed: _____

(continued on next page)

12. Academic period for which the student seeks financial assistance: _____
Name of institution student plans to attend or is attending: _____
Address: _____
Degree being pursued: _____
13. Transcripts from qualifying elementary or secondary school, final undergraduate transcript, current medical school transcript or medical school acceptance letter with copy of school deposit receipt must be submitted.
14. The student must furnish four (4) letters of reference, at least two of which must be academic references. Reference letters should be emailed to *heidi.cimilluca@hackensackmeridian.org* prior to **May 1**.
15. Student must provide a current FAFSA financial report.
16. Student must submit a one page, typed essay on why he/she seeks the Howard G. Lapsley Memorial Scholarship.

I hereby agree that any misstatements in, or omissions from, this application shall constitute cause for rejection of this application and forfeiture of the Howard G. Lapsley Memorial Scholarship.

Signature of Applicant: _____ Date: _____

- Please ensure that your name is on each document submitted
- Completed applications and supporting documents should be submitted via US Mail or email in pdf format only to *heidi.cimilluca@hackensackmeridian.org*.

Applications postmarked after **May 1** or received via email after **May 1** will not be considered.

Please note: Scholarship assistance after the first year is contingent upon the recipient's annual reapplication. Scholarship renewal is not automatic.