

Berks County Medical Society Alliance, Inc.
875 Berkshire Blvd. Suite 102B
Wyomissing, PA 19610



www.BerksCMSA.org

Facebook.com/Berks CountyMedicalSocietyAlliance 



Name _____

Address _____

Email _____

Have you received this Scholarship before? NO / YES

If YES, When and what amount? _____

Financial Profile:

Supporting Individual(s) (ie: self, parent, guardian)

Do you reside with your parents? _____

If so, their occupation: _____

Combined annual income from all sources in household before income tax:

_____ Less than \$10,000

_____ \$10,000- \$30,000

_____ \$30,000-\$50,000

_____ \$50,000-\$70,000

_____ more that \$70,000

Outstanding Expenses: _____

Dependent Members of Household: (Siblings, Spouse, Children)

Name	Age	Occupation or school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Work Experience

Recent Employer(s) Name: _____

Address: _____

Phone: _____

List and others on Back of Application

Amount Earned _____ Amount Saved for Education _____

Other Financial Aid: Please list any received

Scholarships: _____

Awards: _____

Grants or other (please specify): _____

Estimated Tuition Expenses: _____

Scholarship Profile:

School Attending or to be attending: _____

Academic program start date: _____

Course of Study: _____

Prior Offices held in school: _____

Extra Curricular or Community Activities: _____

Statement of Need: (Why are you applying for this Scholarship?) _____

Signature of Applicant: _____

Signature of Parent or Guardian (if applicable) _____

Date: _____



Berks County Medical Society Alliance, Inc.
875 Berkshire Blvd. Suite 102B
Wyomissing, PA 19610

www.BerksCMSA.org

Facebook.com/Berks CountyMedicalSocietyAlliance 

Name: _____

Name of Applicant: _____

Association with Applicant: _____

Scholarship Evaluation Form:

Motivation: on a scale of 1-10 please indicate level of motivation

Not highly motivated _1_ _2_ _3_ _4_ _5_ _6_ _7_ _8_ _9_ _10_ Highly motivated

Maturity: on a scale of 1-10 please indicate level of maturity

Immature _1_ _2_ _3_ _4_ _5_ _6_ _7_ _8_ _9_ _10_ Extremely Mature

Work Ethic: on a scale of 1-10 please indicate student's work ethic as assessed by diligence to achieve goals.

Works below potential _1_ _2_ _3_ _4_ _5_ _6_ _7_ _8_ _9_ _10_ Strives to perfect

Additional Comments: In addition to ratings, please give your evaluation and any comments that are relevant to this applicant. Thank you.

Overall Recommendation for Scholarship: (please choose one)

Highest opinion of this student _____

Very Strong recommendation _____

Strong recommendation _____

Would not recommend _____

Signature: _____

Date: _____

Institution: _____

Position: _____

