



**ROTARY CLUB  
OF MIAMI**

*Thomas Brown  
McClelland Trust*

P.O. Box 43-1466 • Miami, Florida 33243  
Phone: (305) 443-5787  
www.miamirotary.org • Email: TBTrust@outlook.com

**OFFICE USE ONLY**

Date Rcv'd: \_\_\_\_\_  
 Miami-Dade School: \_\_\_\_\_  
 AMA School: \_\_\_\_\_  
 Previously Applied

**2023-2024 MEDICAL SCHOOL SCHOLARSHIP APPLICATION - Page 1**

All information submitted on this application will be held confidential and will be reviewed by the Student Selection Committee of the Thomas Brown McClelland Trust and the Board of Directors of the Rotary Foundation of Miami, Florida, Incorporated. This application must be completed and **mailed**, with other required materials outlined in our cover letter (narratives, transcripts, income information, etc.), to the above address **NO LATER than Monday, January 16, 2023. Applications postmarked after that date or incomplete will be rejected. Internships and residency years are not covered by this scholarship.**

**PLEASE TYPE OR PRINT CLEARLY**

MCAT Score: \_\_\_\_\_ Previously Applied?  Yes  No

Publications Submitted?  Yes  No Previously Awarded?  Yes  No

**I. APPLICANT INFORMATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S. Citizen:  Yes  No

Marital Status (check one):  Single  Married  Divorced  Widowed

Have you ever served in the U.S. Military?  Yes  No If yes, what Branch: \_\_\_\_\_

Dates of service: \_\_\_\_\_ Type of Discharge \_\_\_\_\_ (submit your DD214)

**CONTACT INFORMATION**

**Permanent (Local Miami) Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Your Mailing Address if living away at School:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a temporary address? \_\_\_\_\_ If yes, through what date? \_\_\_\_\_ *Notification Letter will be mailed to permanent address unless you specify otherwise.*

Preferred Mailing Address:  Permanent  School

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

**EDUCATION** (If necessary, send additional information on separate sheets.)

High School: \_\_\_\_\_ County: (Must be Miami-Dade County) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Degree Program: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Post Secondary: \_\_\_\_\_ Degree Program: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Undergraduate and Post Graduate Honors and Awards: \_\_\_\_\_

Medical School you are now attending: \_\_\_\_\_ Current Year of Study: \_\_\_\_\_

Check here if you are a Rising Freshman, currently applying to enter Medical School.

**If undecided now, you must advise us of your admission decision by June 1, 2023 to be considered for an award.**

**2023-2024 MEDICAL SCHOOL SCHOLARSHIP APPLICATION - Page 2**

Applicant Name \_\_\_\_\_

**II. ANTICIPATED RESOURCES AND EXPENSES FROM JULY 1, 2023 TO JUNE 30, 2024**

Please use this worksheet as a **guide to project expected resources and expenses for the 12 months beginning July 1, 2023.**

Enter **totals** below.

**Anticipated RESOURCES for 12 months**

**From July 1, 2023 to June 30, 2024**

Personal Savings \$ \_\_\_\_\_

Student's Earnings \$ \_\_\_\_\_

Aid from Parents \$ \_\_\_\_\_

Spouse's Earnings \$ \_\_\_\_\_

Gifts from Relatives/Friends \$ \_\_\_\_\_

Scholarships other than McClelland Trust \$ \_\_\_\_\_

\_\_\_\_\_

Veterans Benefits \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

National Health Services Corps Scholarship \$ \_\_\_\_\_

Military Scholarship \$ \_\_\_\_\_

Other Resource(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Anticipated Resources \$ \_\_\_\_\_**

**Anticipated EXPENSES for 12 months**

**From July 1, 2023 to June 30, 2024**

Tuition \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Housing \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Laundry \$ \_\_\_\_\_

Car Expense \$ \_\_\_\_\_

Insurance (Life & Casualty) \$ \_\_\_\_\_

Personal Expenses \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Anticipated Expenses \$ \_\_\_\_\_**

**III. RIGHT OF PUBLICITY RELEASE STATEMENT**

I agree that if chosen as an awardee, I authorize the use of my name, photograph, and name of the school I attend for news releases and other publications as determined by The Rotary Club of Miami and Thomas Brown McClelland Trust and hold harmless and release them from any liability that may arise out of the use of this information.

\_\_\_\_\_  
Signature of Student Applicant (Required)

<p align="center"><b>Physical Address of Financial Aid Office of chosen out-of-state school for sending award checks by Fedex Letter</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**IV. CERTIFICATION**

We hereby acknowledge that the information submitted on this application is true, complete, and correct to the best of our knowledge and belief. We understand that falsification or misrepresentation of the information contained herein will disqualify the student applicant from consideration for financial aid from the Thomas Brown McClelland Trust.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Date