



**ROTARY CLUB
OF MIAMI**

*Thomas Brown
McClelland Trust*

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

OFFICE USE ONLY

Date Rcv'd: _____

Miami-Dade School: _____

AMA School: _____

Previously Applied

2024-2025 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 Friday, December 29, 2023. Applications postmarked after that date or incomplete will be rejected. Internships and residency years are not covered by this scholarship. If you decide to defer your senior year & take a gap year, please advise us ASAP.**

MCAT Score: _____ Previously Applied? Yes No

Publications Submitted? Yes No Previously Awarded? Yes No

PLEASE TYPE OR PRINT CLEARLY

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, 2024 to be considered for an award.

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Applicant Name _____

II. ANTICIPATED RESOURCES AND EXPENSES FROM JULY 1, 2024 TO JUNE 30, 2025

Please use this worksheet as a **guide to project expected resources and expenses for the 12 months beginning July 1, 2024.**

Enter **totals** below.

Anticipated RESOURCES for 12 months

From July 1, 2024 to June 30, 2025

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, 2024 to June 30, 2025

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)

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

**Physical Address of Financial Aid Office
of chosen school for sending award
checks by Fedex Letter**

Phone: _____

Email: _____