

**THE THOMAS BROWN McCLELLAND TRUST**

The Rotary Club of Miami, Florida, Inc.  
247 SW 8 St., Suite 402, Miami, Florida 33130

Date Rcv'd: \_\_\_\_\_  
MiamiDade School: \_\_\_\_\_  
AMA: \_\_\_\_\_

**2013-2014 MEDICAL SCHOOL SCHOLARSHIP APPLICATION**

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 submitted, with other required materials outlined in our cover letter (narratives, transcripts, income information, etc.), to the above address **NO LATER** than Friday, January 25, 2013. Applications postmarked after that date will not be accepted. *Internships and residency are not covered by this scholarship.*

MCAT Score: \_\_\_\_\_  
Publications Submitted?  yes  no  
Previously Applied?  yes  no

**PLEASE TYPE OR PRINT CLEARLY**

**I. APPLICANT INFORMATION**

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

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

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 @ School:** \_\_\_\_\_

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

Is this a temporary address? \_\_\_\_\_ If yes, through what date? \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_ Permanent \_\_\_ School

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

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

**EDUCATION**

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 Freshman, currently applying to enter Medical School (must provide name of selected school when admitted)

**II. ANTICIPATED RESOURCES AND EXPENSES FROM JULY 1, 2013 TO JUNE 30, 2014**

Please use this worksheet as a **guide** to project expected resources and expenses for the 12 months beginning July 1, 2013. Enter **totals** below.

**Anticipated RESOURCES for 12 months  
From July 1, 2013 to June 30, 2014**

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, 2013 to June 30, 2014**

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 \$ \_\_\_\_\_**

**IV. 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

**V. 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  
Rev. 11-05-12

\_\_\_\_\_  
Date