

***THE ALAN AND RUTH BORENSTEIN  
MEDICAL SCHOLARSHIP FUND***

Notice of Availability of Scholarship Funds

The Alan and Ruth Borenstein Medical Scholarship Fund is pleased to invite all current first, second, and third year students to apply for a scholarship for the **2023-24 academic year**.

Five **\$6,000** scholarships were awarded in 2022-23.

The scholarships will be awarded based upon the following criteria:

Financial Need  
Community Involvement  
Scholastic Record  
Good Moral Character

You can download the application from our website: [MD External Scholarship Opportunities](#)

**Please note that two faculty recommendations (on their letterhead) are required along with your academic transcript. You can request your academic transcript(s) online and give my name and email address, so they come directly to me.**

You can drop off your completed application and required documentation to our office, 154 Avenue, Room 405, or email to me, [ild1@cumc.columbia.edu](mailto:ild1@cumc.columbia.edu).

**The deadline for submission of applications is  
Friday, May 19, 2023.**

**ALAN AND RUTH BORENSTEIN MEDICAL SCHOLARSHIP FUND****APPLICATION FOR SCHOLARSHIP**

Any applicant must demonstrate a financial need. This need must be demonstrated by meeting the financial need requirement of the medical school at which he or she is enrolled. Scholarships will be available to students who have completed at least one year of medical school. The financial aid transcript completed by you and provided to the medical school must be included with this application. During the course of any academic year, scholarships of not more than \$10,000 will be awarded to any applicant. Scholarship will only be valid for students enrolled at this medical school and is not transferable to any other college or university.

**Personal Information:**

1. Applicant's Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Permanent Address \_\_\_\_\_
4. Social Security Number \_\_\_\_\_ or ID # for Non US Students
5. Date of Birth \_\_\_\_\_
6. What undergraduate school(s) did you attend?
 

Name & Address \_\_\_\_\_  
 \_\_\_\_\_  
 Name & Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Are you married? \_\_\_\_\_  
 If "YES", spouse's name and occupation:  
 Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Name and age of dependents, if any:  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Age: \_\_\_\_\_
8. Medical School Entrance Exam Score \_\_\_\_\_
9. Expected date of medical school graduation \_\_\_\_\_

# ALAN AND RUTH BORENSTEIN MEDICAL SCHOLARSHIP FUND

## APPLICATION FOR SCHOLARSHIP

10. Please include a brief summary of your academic goals, extracurricular activities and other interests.

11. Describe why it is necessary for you to apply for a scholarship from the Alan and Ruth Borenstein Medical Scholarship Fund?

12. What are your career goals?

13. Alan and Ruth Borenstein Scholarships you have received in prior years.

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

14. Other medical scholarships received in prior years.

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

15. Please provide two (2) written recommendations from former professors or instructors, as well as your medical transcript. Your application will not be considered if these items are not included.

The Alan and Ruth Borenstein Medical Scholarship Fund is forbidden from granting any scholarship to any individual who is related to the individual trustee (currently, Dr. Peter Greenberg); or who is related to an officer of the Corporate Trustee (currently, The Northern Trust Company). By submitting this scholarship application, the applicant represents that, to the best of his or her personal knowledge, the applicant is not related to the individual Trustee or the Corporate Trustee. The applicant also represents that the information reported on this form and the statements made are, to the best of his or her personal knowledge, true, correct and complete.

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

\_\_\_\_\_  
Date