

**THE SEYMOUR L. KAPLAN
SCHOLARSHIP FOUNDATION**

Notice of Availability of Scholarship Funds

The Seymour L. Kaplan Scholarship Foundation is pleased to invite all medical students to apply for a scholarship for the **2023-24** academic year. Two (2) \$5,000 scholarships were awarded in 2022-23. The Foundation has indicated that they may offer three scholarships this year.

Selection will be based upon the following criteria:

Financial Need
Previous Academic Achievement
Excellence in General Citizenship
Academic Goals

DO NOT attach this announcement to your completed application.

Our office is now located at 154 Haven Avenue, Room 405. To avoid delays and mis-direction, please email your completed application to me, and also request that your official academic transcript is sent to me directly at

ild1@cumc.columbia.edu.

New students should also submit their official undergraduate transcript(s). The deadline for submission is **Friday, October 20, 2023**.

8. List below any outstanding loans for which you have contracted for the award period.

<i>Source</i>	<i>Amount</i>	<i>Additional sources or comments</i>
Federal Stafford Student Loan <i>(formerly GSL/FISL)</i>	\$ _____	
Federal SLS	\$ _____	
HEAL	\$ _____	
Health Professions Student Loan	\$ _____	
Federal Perkins Loan <i>(formerly NDSL)</i>	\$ _____	
Medical School Loans (identify):		
_____	\$ _____	
_____	\$ _____	
Other (identify):		
_____	\$ _____	
_____	\$ _____	
TOTAL	\$ _____	

9. Please indicate whether you received financial assistance other than loans during your educational career. If so, indicate the source, amount, and duration.

10. Annual gross income — all sources \$ _____

Estimated bank balance at start of school year (mm/yy ____ / ____) \$ _____

Net federal taxable income \$ _____ Market value of securities \$ _____

Other assets — identify all sources

\$ _____

\$ _____

\$ _____

\$ _____

Tax information should correspond with most recent Federal Income Tax Return.

Please state year of return _____

11. What did you do the summer preceding the period covered by this application?

12. Describe why it is necessary for you to apply for the Seymour L. Kaplan Foundation Scholarship. Please indicate any special circumstances affecting family support.

13. Please include a brief summary of your academic goals, your extracurricular activities and other interests unrelated to your professional career.

14. If you are a medical student, please attach your current medical school transcript. If you have not yet begun medical school, please attach a transcript from each post-secondary school you have attended.

CERTIFICATIONS

I declare that the information reported on this form is true and complete to the best of my knowledge and that I will notify the Seymour L. Kaplan Scholarship Foundation of any changes that would affect the determination of need. If requested, I agree to send a copy of my latest federal income tax return obtained from the appropriate district office of the United States Internal Revenue Service.

I certify that I will use any assistance granted me for the purpose of financing my medical school education. I agree that should I terminate my education prior to completion of the requirements for the academic year, I will forfeit any further financial aid which had been agreed to and that I will be responsible for the repayment of this award on a pro-rated basis.

Please note: All winners must provide social security numbers for tax purposes.

Date _____

Signature of Student _____

Telephone Number(s) _____

Email Address _____