



# The Dr. William Jones Mc Elhiney Medical School Scholarship Application

Presented by:  
St. Charles – Lincoln County Medical Society  
&  
Missouri State Medical Association  
*(the application can be found and completed at [www.sclcms.org](http://www.sclcms.org))*

Name \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ City State Zipcode

Home Phone Number \_\_\_\_\_ Area Code

Parents' Name \_\_\_\_\_

Expected year of graduation from medical school \_\_\_\_\_

Missouri Medical School \_\_\_\_\_

School Address \_\_\_\_\_ City State Zip Code

Contact Information: Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

St. Charles-Lincoln County High School you attended \_\_\_\_\_

Undergraduate education \_\_\_\_\_

Year of Graduation (if applicable) \_\_\_\_\_ Major \_\_\_\_\_ Grade Point Index \_\_\_\_\_

Place of Birth \_\_\_\_\_

US Citizenship? [ ] Yes [ ] No If not a US citizen, are you a permanent resident? [ ] Yes [ ] No

What is your anticipated field of practice in Medicine? \_\_\_\_\_

Honors, awards, significant achievements from high school, college and/or medical school \_\_\_\_\_

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Your work history, including summer jobs, volunteerism, etc. \_\_\_\_\_

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Community Involvement \_\_\_\_\_

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Father's occupation \_\_\_\_\_ Annual Income \_\_\_\_\_  
Mother's occupation \_\_\_\_\_ Annual Income \_\_\_\_\_  
Sibling(s) \_\_\_\_\_  
Number of sibling(s) in college, professional or graduate school \_\_\_\_\_

Do you plan to practice medicine in St. Charles or Lincoln County?  Yes  No  
Do you plan to practice medicine in the State of Missouri:  Yes  No  
Do you belong to the student MSMA or AMA?  Yes  No

Professional References (Please provide two – please give name, address and contact telephone number)

Reference #1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference #2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you married  Yes  No OR plan to marry during the current academic year:  Yes  No \_\_\_  
Date of pending marriage \_\_\_\_\_

What is the value of assets owned by you and/or spouse?

Savings Account \$ \_\_\_\_\_ Stocks & Bonds \$ \_\_\_\_\_ Real Estate Equity \$ \_\_\_\_\_  
Trust Fund(s) \$ \_\_\_\_\_ Other (provide complete information on a separate sheet and attach to application)  
Total Assets \$ \_\_\_\_\_

What is the value of your current debt?

Consumer debt - Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Education debt - Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Other debt (please explain) Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

What is the year of the automobile you drive? \_\_\_\_\_ Make of auto \_\_\_\_\_ Model \_\_\_\_\_  
Unpaid balance of auto loan \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

How much financial assistance do you expect to receive this year from your parents? \_\_\_\_\_  
From other relatives, friends? \_\_\_\_\_  
How much \$ ? \_\_\_\_\_  
Source? \_\_\_\_\_

I hereby permit the St. Charles – Lincoln County Medical Society to use biographical, academic and financial information contained in this application to determine a possible award for which other students are also applying.

I declare and certify that the information on this document is complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Or

I accept these terms (if completing application electronically) Date \_\_\_\_\_  
 I decline these terms (if completing application electronically) Date \_\_\_\_\_

**Return your completed Scholarship Application**

**No later than**

**February 6, 2011**

**Mail to:**

**Martin L. Willman, MD**

**4790 Executive Centre Parkway**

**Saint Peters, MO 63376**

***or***

**Fax to:**

**636-441-8072**

***or***

**Email to:**

**willmanm@gmail.com**