



APPLICATION FOR CITYDOCTORS NYC Health + Hospitals Scholarship

FOR SCHOOL USE ONLY

Entering Class: _____

Scholarship: _____



St. George's University
SCHOOL OF MEDICINE

Grenada, West Indies

NYC
HEALTH+
HOSPITALS

Student Information

1. Name: _____
2. Student ID Number: _____ 3. Date of Birth: (mm/dd/yyyy) ____/____/____
4. Permanent address: _____
5. Mailing address: _____
6. Phone number: _____ 7. Email: _____
8. Country(s) of citizenship: _____ 9. Country(s) of legal residence: _____
10. Please list all languages, including English, you are fluent in (be sure to note which language was your first language):

Student Qualification

To qualify for the CityDoctors NYC Health + Hospitals Scholarship, you must be a you must be a US citizen or US permanent resident and be accepted into to the Doctor of Medicine degree program at St. George's University. In addition, an applicant must fulfill at least one of the following criteria and provide physical verification.

PLEASE CHECK ALL THAT APPLY

- I am presently and have been a resident of New York City* for the past five years
- I am a graduate of a New York City high school
- I am a graduate of a New York City college or university
- I am a full-time employee for either the City of New York or NYC Health + Hospitals
- At least one of my parents or grandparents is a full time employee for either the City of New York or NYC Health + Hospitals

**Manhattan, Queens, Brooklyn, The Bronx, and Staten Island*

Selection Process

Eligible students applying to the St. George's University School of Medicine MD Program can apply for this scholarship at any time during the admissions process. After acceptance to MD Program and submission of a completed application including all required documents, the Scholarship Committee will share your file with the NYC Health + Hospitals selection committee. After the application deadline, together SGU and NYC Health + Hospitals will review all applications and select recipients. The committee may contact top candidates for a phone or video conference interview. Once selections have been made all applicants will receive a letter from St. George's University regarding the status of their scholarship application.

You should be aware that this scholarship program is generally very competitive. Unfortunately, awards cannot be made to every deserving student. Award determinations are based on: (1) Demonstrated academic excellence and (2) The applicant's commitment to the special qualities associated with this program.

I understand that by applying for the CityDoctors Scholarship I am also giving St. George's University my permission to share academic information gathered as part of my application for admission and this scholarship with NYC Health + Hospitals.

Signature: _____ Date: ____/____/____

Application Instructions

1. Write an essay that explains your professional goals as a physician and your commitment to post residency service at an NYC Health + Hospitals affiliated hospital. Please use the space provided on this application or submit the essay on a separate sheet of paper. **Essays should be approximately 500 words, typed, and enclosed with this application.**
2. Complete all questions that apply to you. Failure to complete all questions will result in an incomplete status.
3. Include documentation which supports that you meet the New York City residency or City of NY or NYC Health + Hospital employment.
4. Electronically sign or print this application and sign the agreement on **page 1**, the certification and authorization on **page 3**, and the FERPA release on **page 4**.
5. **Email all documents in a single attachment to citydoctors@sgu.edu**

Student's Commitment and Expectations

In return for accepting the scholarship:

1. Student will commit to applying through the central office for a position as an attending physician at one of the NYC Health + Hospital's Corporation hospitals and diagnostic centers. It is up to the discretion of NYC Health + Hospitals to extend an offer of employment. If hired, student will commit to an attending position for the amount of years the scholarship was provided (four years for a full scholarship; two years for a half scholarship).
2. Students must maintain the regular academic standards set forth by St. George's University School of Medicine.
3. Recipient must obtain an accredited post graduate residency position.
4. Recipients will be placed for rotations at NYC Health and Hospitals with the ability to rotate elsewhere for 4th year electives.

Student Name: _____ Student ID Number: _____

CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct, and complete. St. George's University School of Medicine has our permission to verify the information reported by obtaining documentation as needed. WARNING: Providing false information may result in the University revoking its initial decision to enroll this student.

Student Signature _____ Date: ____/____/____

Spouse's Signature _____ Date: ____/____/____

Student Name: _____ Student ID Number: _____

FERPA RELEASE

Student Name _____

Identification Number _____

Address _____

I, the undersigned, hereby authorize St. George's University ("SGU") to release the following educational records and information:

Financial Information; Student Identification Number; Race, Ethnicity, and/or Nationality; Gender; Transcripts; Grade Reports

to New York City Health and Hospitals Corporation for the purpose of my application for the CityDoctors Scholarship.

This Release is effective for one (1) year from the date of this Release.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) I may withdraw this Release at any time prior to its expiration by writing to the address listed below via Certified Mail or Hand Delivery:

St. George's University
c/o The North American Correspondent
University Support Services, LLC

ATTN: Jaime Surace
3500 Sunrise Highway, Building 300
Great River, NY 11739

Signature: _____ Date: ____/____/____

Student Name: _____ Student ID Number: _____

ESSAY

Write an essay that explains your professional goals as a physician and your commitment to post residency service at an NYC Health + Hospitals affiliated hospital. Please use the space below or submit the essay on a separate sheet of paper. **Essays should be approximately 500 words, typed, and enclosed with this application.**

Student Name: _____ Student ID Number: _____