



Geisinger Commonwealth School of Medicine

Abigail Geisinger Scholars Program Application

The Abigail Geisinger Scholars Program allows select students to receive up to four years of tuition in the form of a loan which is then forgiven as they complete a period of employment as Geisinger physicians equal to the number of years for which they received tuition with a two-year minimum.

Geisinger Commonwealth School of Medicine (GCSOM) incoming MD class are eligible to apply for the Abigail Geisinger Scholars Program.

The application process for the Abigail Geisinger Scholars Program is as follows:

- a. The applicant must attend the entire presentation regarding the Abigail Geisinger Scholars Program at GCSOM on **January 24, 2019**. During the presentation, Geisinger representatives will discuss the program. Applicants who do not attend or attend for part of the session will not be considered for the Abigail Geisinger Scholars Program.
- b. Applicants must complete and submit their application materials for the Abigail Geisinger Scholars Program by **February 20, 2019** which includes the following:
 - The applicant's completed application
 - The applicant's curriculum vitae
 - The applicant's authorization to allow the committee members to review the AMCAS application
 - The applicant's AMCAS application
 - The applicant's one letter of recommendation
 - The applicant's essay answering the following: What would this scholarship mean to you regarding the advancement of your professional goals?
 - A Private Education Loan Applicant Self-Certification Form
- c. Applicants should review all disclosures and materials accompanying this application prior to applying for the Abigail Geisinger Scholars Program.
- d. Applicants selected to receive the Abigail Geisinger Scholars Program must have a 2019-2020 FAFSA www.fafsa.gov including parental information on file with the GCSOM Office of Financial Aid by **February 20, 2019**.



Geisinger Commonwealth School of Medicine

The Abigail Geisinger Scholars Program Application

Last Name _____

First Name _____

Permanent Address _____

Date of Birth _____

City _____

State _____

Zip Code _____

Email _____

Phone _____

GCSOM Doctor of Medicine Class of _____

I give my permission to allow the selection committee members for the Abigail Geisinger Scholars Program to review my AMCAS application and all materials submitted for consideration of this award. In addition, I have read the Abigail Geisinger Scholars Program application information as detailed on page one.

Name (printed) _____

Signature _____

Date _____