

Medicus Student Exchange Scholarship

For studies in Switzerland, the Swiss Benevolent Society of New York offers students who have been accepted to study at a Swiss University or Federal Institute of Technology the Medicus Student Exchange Scholarship. This scholarship provides partial financial support for U.S. Residents at the junior, senior or graduate level. The full amount of these grants is paid directly to the university upon proof of registration.

This is a nonrenewable, one-time only scholarship award.

Eligibility

Applicants must be U.S. residents and permanently domiciled in the U.S. Applicants must have been accepted to a Swiss University or to a Federal Institute of Technology and will study full-time at undergraduate (college junior or senior) or graduate school level. Please carefully review the eligibility requirements for the Medicus Student Exchange Scholarship Program on https://www.sbsny.org/scholarships/scholarship-programs/medicus-student-exchange-scholarship.

Application deadlines and required supporting documents

Email your application form together with the following documents to the Scholarship Committee by March 31st 2024:

- Proof of applicant's U.S. citizenship or U.S. residency
- Proof of cost for tuition, room and board
- Proof of proficiency in the language of instruction
- If available, we recommend that you submit SAT/ACT or GRE/GMAT results

Please also provide the following documents by April 30th 2024:

- Official transcripts of all high school, college and graduate grades (no copies)
- Letter of acceptance from Swiss University, Federal Institute of Technology or Technical College (Fachhochschule)
- Two academic recommendations from professors in the applicant's major area of study, on official letterhead (no copies)

Applications or supporting documents submitted after March 31st resp. April 30th will not be considered. The SBS does not confirm receipt of applications to students.

Application fee

There is a non-refundable application fee of \$75.00. This fee is due on **March 31st 2024.** Applications unpaid after March 31st will not be considered.

To make a payment please visit https://www.sbsny.org/scholarships/payment.

Applicant's Name:	
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Swiss Benevolent Society of New York Medicus Student Exchange Scholarship application form 2024-2025

For studies in Switzerland, the Swiss Benevolent Society of New York offers the **Medicus Student Exchange Scholarship** to students, who have been accepted to study at a Swiss University or Federal Institute of Technology.

This scholarship provides partial financial support for U.S. Residents at the junior, senior or graduate level.

Please carefully review your eligibility for the Medicus scholarship on https://www.sbsny.org/scholarships/eligibility-application.

If you meet the eligibility requirements for the Medicus Student Exchange Scholarship, please fill out the application form completely and legibly. To be eligible for consideration, the required supporting documents need to be enclosed and the non-refundable **application fee** of \$75.00 has to be paid. Incomplete or late applications will not be considered.

To make a payment please visit https://www.sbsny.org/scholarships/payment.

Information on Applica	nt	
☐ First tim	e Applicant Ret	turning Applicant
First Name		
Last Name		
Home Address		
City, State, ZIP		
Personal Email		School Email
Phone Number		Student ID# (fall 2024)
Date of Birth		Place of Birth
Proof of U.S. Citizenship or U	.S. Residency	
Academic Status (as of fall 20	D24) Underg	graduate 🗆 Graduate
Undergraduate students: Inc	icate Junior or Senior for fa	all 2024
If Employed		
Occupation		Full Time □ Year Round □
Employer's Name / Company		
Employer's Address		
City, State, ZIP		
If Married		
Spouse Name		
		Occupation
Spouse's Employer		Occupation
Spouse's Employer Employer's Address		Occupation
		Occupation
Employer's Address		Occupation Age

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Medicus Student Exchange Scholar:	ship Applicatio	n Form 2024-2025		Applicant's N	lame:	
Information on Parents						
Father's Name						
Home Address						
City, State, ZIP						
Fathers's Email						
Occupation (if retired give date	and former c	occupation)				
Father's Employer						
Employer's Address						
Mother's Name						
Home Address						
City, State, ZIP						
Mother's Email						
Occupation (if retired give date	and former c	occupation)				
Mother's Employer		· · · · · · · ·				
Employer's Address						
Parents' Other Children						
raients Other Children						
<u>Name</u>		Date of Birth	Education		<u>Occupation</u>	
	=					
		<u> </u>				
If Parents Are Divorced	or Separate	ed				
Applicant lives with		□ Mother □	Father Other [I	List Name & R	elationship Below]	
Obligations of Non-Custodial Pa	arent(s)					
Other Circumstances Th	at Should	Be Considered				

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Applicant's Name:	
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Scholastic Information		
High School(s) Attended From Grades 9-12		
School(s) Graduation Date (month/year)	Date of Attendance	Cumulative GPA
SAT / ACT Score M CR W		
Undergraduate Studies		
School(s)	Date of Attendance	Cumulative GPA
Name of Undergraduate Degree (received or expected) Major/Field	Date	e (month/year)
Graduate Studies		
School(s)	Date of Attendance	Cumulative GPA
Name of Graduate Degree (received or expected)	Date	e (month/year)
Major/Field		
School Currently Attending or Schools Applied	To [in order of preference]	
Name, City, State	Date Applied	Date Accepted
Major / Field (as of fall 2024)		

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Courses Planning to Take in Fall 2024

Titles of Courses

Applicant's Name:	
	No. of Credits

Number of Credits Required for Full-Time Study (semester) Number of Credits Planning to Take Whole Academic Year Academic Goals (250 - 300 words, continuous text, no bullets) Career Goals (250 - 300 words, continuous text, no bullets)

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Annlicant's Name		

Expenses & Sources of Financing		
Expenses [per college year at the school you a	ttend or plan to attend]	
	Actual 2023/24	Estimated 2024/25
Tuition and Fees		
Room and Board Books and Supplies		
Total Per Year		
Other Related Expenses		
Grand Total Expenses		
Do you live □ On Campus □ At home □	Off Campus	
Applicants Sources of Financing		
	Received 2023/24	Expected 2024/25
a] Scholarship/Grants:		
b] Loans:		
c] Employment: - List Employer & Dates of Employment		
ej Employmenti Eist Employer a bates of Employment		
d] Other: - Describe Source (i.e. Savings, Gifts, etc.)		
e] Contributions: - From Parents or Supporting Party: If parents are	divorced contribution from non-custodial parent	:
Total For Year:		
0 0 0		
Supporting Party		
If your supporting party is someone other than your parent	s or spouse, given name, address and re	lationship:
Name	Relationship	
Home Address		
City, State Zip		
Occupation		

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Signature

Applicant's Name:
be held in the strictest confidence. The
ommittee. No applications and other documents
rship Committee by March 31st 2024:
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es)

All information contained in the application and supporting documentation will be held in t
information you provide is distributed only to the members of the Scholarship Committee.
will be returned

information contained in the application and supporting documentation will be field in the strictest confidence. The information you provide is distributed only to the members of the Scholarship Committee. No applications and other documents will be returned.
Mail your application form together with the following documents to the Scholarship Committee by March 31st 2024:
□ Proof of applicant's U.S. citizenship or U.S. residency
☐ If available, we recommend that you submit SAT/ACT or GRE/GMAT results
□ Proof of cost for tuition, room and board
□ Proof of proficiency in the language of instruction
Please also provide the following documents by April 30th 2024:
☐ Official transcripts of all high school, college and graduate grades (<u>no copies</u>)
☐ Will be emailed to Scholarship Committee by high school, college or graduate school
□ Letter of acceptance from Swiss University, Federal Institute of Technology or Technical College (Fachhochschule)
 Will be emailed to Scholarship Committee by Swiss University, Federal Institute of Technology or Technical College (Fachhochschule)
Two academic recommendations from professors in the applicant's major area of study, on official letterhead (<u>no copies</u>)
☐ Will be emailed to Scholarship Committee by professor
Make sure that your application form is complete and properly signed (no electronic signatures). To be eligible for consideration, the required supporting documents need to be enclosed and the non-refundable application fee of \$75.00 has to be paid. Incomplete or late applications will not be considered.
Applicant's Signature
Date and Place

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