

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.
- Undergraduate-level applicants must study full-time and must be enrolled as a junior or senior.
- Graduate-level applicants must study full-time.

Please carefully review the eligibility requirements for the Medicus Student Exchange Scholarship Program at:
<https://sbsny.org/scholarships/scholarship-programs/medicus-student-exchange-scholarship>

Application deadlines and required supporting documents

Please ensure your application and supporting documents are received by March 31, 2026:

- 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 ensure the documents listed below are received by April 30, 2026:

- 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). These must be on official letterhead principal, guidance counselor, or professor.

Applications and supporting documents submitted past the deadline 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 by **March 31st, 2026** and must be paid for the application to be considered. Payments must be made online: <https://sbsny.org/scholarships/payment>

Where to send your documents

Please email your application and supporting documents to:

scholarships@sbsny.org (Preferred Method)

Alternatively, you can send them via post or courier to our office:

Swiss Benevolent Society of New York

420 Lexington Avenue, Suite 430

New York NY, 10170

SBS Medicus Student Exchange Scholarship Application for Academic Year 2026-27

Application For

SBS Medicus Student Exchange Scholarship

Applicant Information

First-time Applicant Returning Applicant

Legal Name (First)	(Middle)	(Last)	Preferred Name (if different)	
Permanent Address (Full Street Address)		City	State or Province	ZIP or Postal Code
Email Address		Mobile Phone Number		
Date of Birth	Place of Birth		Swiss Community of Origin	
Proof of U.S. Citizenship or U.S. Residency				
School Email		Student ID# (fall 2026)		
Financial Status <input type="radio"/> Dependent <input type="radio"/> Independent		Academic Status (as of fall 2026) <input type="radio"/> Undergraduate <input type="radio"/> Graduate If Undergraduate (as of fall 2026): <input type="radio"/> Junior <input type="radio"/> Senior		

Legal Partner (Spouse or Legal Civil Union) and Children

Name (First)	(Middle)	(Last)	Email	
Occupation		Employer		
Permanent Address (Full Street Address)		City	State or Province	ZIP or Postal Code
Child 1 (Name)		(Age)	Child 2 (Name) (Age)	
Child 3 (Name)		(Age)	Child 4 (Name) (Age)	

Parental or Guardian Information

Parent or Guardian #1:

Name (First)	(Middle)	(Last)	Email	
Occupation (if retired: former occupation & retirement year)		Employer (if not retired)		
Employer's Address (Full Street Address)		City	State or Province	ZIP or Postal Code

Parent or Guardian #2:

Name (First)	(Middle)	(Last)	Email	
Occupation (if retired: former occupation & retirement year)		Employer (if not retired)		
Employer's Address (Full Street Address)		City	State or Province	ZIP or Postal Code

If Parents or Guardians are Divorced or Separated:

Applicant Lives with: Both Parents and/or Guardians Parent or Guardian #1 Parent or Guardian #2 Other (list name(s) & specify below)

Names & Obligations of Non-Custodial Parent(s) (if applicable)

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Parental or Guardian Information (continued)

Other Children of Parents or Guardians:

Name (First, Middle Initial & Last)	Occupation (if applicable)	Education (school & highest level)	Date of Birth

Do any of the above children attend a college or university? YES No If yes, how many? _____

Will your parent(s) or guardian(s) assist you financially in continuing your education? YES No

Will you receive other financial assistance (i.e. scholarships, merit awards, grants, etc.)? YES No If yes, Please specify below:

Other Parental or Guardian Circumstances (or Comments) which should be considered?

Academic Information — High School or Secondary Studies (Grade Levels 9-12, or equivalents)

School or Institution Name(s)	Dates of Attendance	Cumulative GPA

Graduation Date (month/year) _____ SAT / ACT Scores: CR _____ M _____ W _____

Academic Information — Undergraduate Studies

School or Institution Name(s)	Dates of Attendance	Cumulative GPA

Name of Undergraduate Degree _____ Major/Field of Study _____ Graduation Date (month/year) _____

Academic Information — Graduate Studies

School or Institution Name(s)	Dates of Attendance	Cumulative GPA

Name of Graduate Degree _____ Major/Field of Study _____ Graduation Date (month/year) _____

Academic Information — School Currently Attending or Schools Applied To (in order of preference, highest to lowest)

School or Institution Name(s)	Location (City and State or Province)	Date Applied	Date Accepted

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Academic Information (continued)

Major/Field of Study (as of fall 2026)

Academic Goals (250-300 words, continuous text, no bullets)

Career Goals (250-300 words, continuous text, no bullets)

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Financial Information — Expenses (per college year at the school or institution you attend or plan to attend)

	Actual 2025-26	Estimated 2026-27
Tuition and Fees		
Room and Board		
Books and Supplies		
Total Per Year		
Other Related Expenses		
Grand Total Expenses		

Where will you live during academic year 2026-27? On Campus At Home Off Campus

Financial Information — Applicants Sources of Financing

Please list names of any form of financing such as Scholarship, Grants, Loans, Employment, Other (i.e. Savings, Gifts, etc.), Parents or Guardian Contributions

Financial Information — Current Employment

Are you currently employed? <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No	Company Name	Occupation		
Supervisor's Name	Supervisor's Telephone	City	State or Province	ZIP or Postal Code

Signature

All information contained in the application and supporting documentation will be held in the strictest confidence.

The information you provide is distributed only to the members of the Scholarship Committee. Please note, no applications or submitted documents will be returned.

Please ensure your application and supporting documents are received by **March 31, 2026**:

- 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.

Make your Scholarship Application Fee payment online by **March 31, 2026**.

Please also ensure the documents listed below are received by **April 30, 2026**:

- Official transcripts of all high school, college, graduate grades or other institution (no copies). These must be sent to the Scholarship Committee directly.
- Letter of acceptance from Swiss University, Federal Institute of Technology or Technical College (Fachhochschule). These must be written by the school principal, guidance counselor, or professor. No copies will be accepted.
- Two academic recommendations from professors in the applicant's major area of study, on official letterhead principal, guidance counselor, or professor. These must be sent to the Scholarship Committee directly. No copies will be accepted.

Applicant Signature: _____ Date: _____

Please sign this application digitally - Do not send scanned application forms