

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

Mail your application form together with the following documents to the Scholarship Committee by **March 31st, 2020**:

- Proof of applicant's U.S. citizenship or U.S. residency
- Proof of 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, 2020**:

- 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 postmarked after March 31st resp. April 30th will not be considered. The SBS does not confirm receipt of applications to students. We recommend using a traceable means of shipping, such as certified mail, to ensure safe and verifiable delivery.

Application fee

There is a non-refundable application fee of \$75.00. This fee is due on **March 31st, 2020**. Applications unpaid after March 31st will not be considered.

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

Swiss Benevolent Society of New York Medicus Student Exchange Scholarship application form 2020-2021

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 Applicant

First time Applicant Returning Applicant

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Home Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
Personal Email	<input type="text"/>	School Email	<input type="text"/>
Phone Number	<input type="text"/>	Student ID# (fall 2020)	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Proof of U.S. Citizenship or U.S. Residency	<input type="text"/>		
Academic Status (as of fall 2020)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
Undergraduate students: Indicate Junior or Senior for fall 2020	<input type="text"/>		

If Employed

Occupation	<input type="text"/>	Full Time	<input type="checkbox"/>	Year Round	<input type="checkbox"/>
Employer's Name / Company	<input type="text"/>				
Employer's Address	<input type="text"/>				
City, State, ZIP	<input type="text"/>				

If Married

Spouse Name	<input type="text"/>	Occupation	<input type="text"/>
Spouse's Employer	<input type="text"/>		
Employer's Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
Name of Child	<input type="text"/>	Age	<input type="text"/>
Name of Child	<input type="text"/>	Age	<input type="text"/>

Information on Parents

Father's Name	<input type="text"/>
Home Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Father's Email	<input type="text"/>
Occupation (if retired give date and former occupation)	<input type="text"/>
Father's Employer	<input type="text"/>
Employer's Address	<input type="text"/>
Mother's Name	<input type="text"/>
Home Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Mother's Email	<input type="text"/>
Occupation (if retired give date and former occupation)	<input type="text"/>
Mother's Employer	<input type="text"/>
Employer's Address	<input type="text"/>

Parents' Other Children

<u>Name</u>	<u>Date of Birth</u>	<u>Education</u>	<u>Occupation</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If Parents Are Divorced or Separated

Applicant lives with Mother Father Other [List Name & Relationship Below]

Obligations of Non-Custodial Parent(s)

Other Circumstances That Should Be Considered

Scholastic Information

High School(s) Attended From Grades 9-12

<u>School(s)</u>	<u>Date of Attendance</u>	<u>Cumulative GPA</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Graduation Date (month/year)

SAT / ACT Score M CR W

Undergraduate Studies

<u>School(s)</u>	<u>Date of Attendance</u>	<u>Cumulative GPA</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Undergraduate Degree (received or expected)

Date (month/year)

Major/Field

Graduate Studies

<u>School(s)</u>	<u>Date of Attendance</u>	<u>Cumulative GPA</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Graduate Degree (received or expected)

Date (month/year)

Major/Field

School Currently Attending or Schools Applied To [in order of preference]

<u>Name, City, State</u>	<u>Date Applied</u>	<u>Date Accepted</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Major / Field (as of fall 2020)

Courses Planning to Take in Fall 2020

Titles of Courses	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)

Expenses & Sources of Financing

Expenses [per college year at the school you attend or plan to attend]

	Actual 2019/20	Estimated 2020/21
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 2019/20	Expected 2020/21
a) Scholarship/Grants:		
b) Loans:		
c) Employment: - List Employer & Dates 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:		

Supporting Party

If your supporting party is someone other than your parents or spouse, given name, address and relationship:

Name Relationship

Home Address

City, State Zip

Occupation

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. No applications and other documents will be returned.

Mail your application form together with the following documents to the Scholarship Committee by **March 31st, 2020**:

- Proof of applicant's U.S. citizenship or U.S. residency
- Proof of SAT/ACT or GRE/GMAT results
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Please also provide the following documents by **April 30th, 2020**:

- Official transcripts of all high school, college and graduate grades (no copies)
 - Will be mailed 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 mailed 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 (no copies)
 - Will be mailed 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 _____