

# The Travis County Medical Society Foundation/ Evans Swann Scholarship Application

Application Deadline: July 1, 2010

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle or maiden)

Social Security number: (We will request this at a later date.) Date of Birth: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone: \_\_\_\_\_  
(home) (work) (cell) (e-mail address)

High School Attended: \_\_\_\_\_  
(name of school, city, state) (year graduated) (class rank)

Colleges Attended: \_\_\_\_\_  
(name of school, city, state) (dates attended) (major) (GPA)

Honors, activities, community service (high school and college) Attach additional pages, if needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical school you are attending: \_\_\_\_\_

Gross family income in 2009: \_\_\_\_\_ Will you be applying for additional financial aid? \_\_\_\_\_

Are you available for a personal interview? \_\_\_\_\_

**Essay:** Attach a written essay, of no more than 500 words (double-spaced, 12 point type), addressing the role of the physician as a doctor, family member, and community member.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Mail completed application and essay to:**  
TCMSF/Evans Swann Scholarship, PO Box 4679, Austin, TX 78765 or email: [mweaver@tcms.com](mailto:mweaver@tcms.com)  
[www.tcms.com](http://www.tcms.com)