University of Minnesota Duluth
Swenson College of Science & Engineering
Milton H. Sax Scholarship Application

This scholarship is for all current UMD Swenson College of Science and Engineering students who graduated from a high school in the Duluth area or the Minnesota Iron Range areas, are following a pre-medical curriculum with at least a 3.0 cumulative GPA (preference given to GPA of 3.5 or higher), and intend to attend medical school after their undergraduate degree. If you qualify with the above criteria, you are eligible to apply for this scholarship. Please have two people send letters of recommendation by email cKayes@d.umn.edu. One should come from your advisor or another UMD faculty member; the other from someone who can address your commitment to becoming a medical doctor. Suggestions for the second letter include a current medical doctor, a person who can reference any volunteer or job shadowing you have done in the medical field, or perhaps an additional faculty member. Students are eligible to receive this scholarship for four years. You must submit a completed application each year.

Name ___________________________________________ Student ID ______________________________

Email ____________________________ phone number ____________________________________________

Number of credits earned through spring semester of this year ______________________________________

Major: ____________________________________________________________________________________

Current Cumulative GPA ____________ UMD Anticipated Graduation Date from UMD _________________

High School Graduated From ___________________________ Hometown: ____________________________

By initialing this line, you authorize us to share the information on this application with the donors and scholarship committee: _____

Courses required for medical school which have been completed (and explanation of deviation from normal pre-medical sequence):

__________________________________________________________________________________________

I plan to take the MCAT (when) _______________________________________________________________

I plan to apply to these Medical Schools _______________________________________________________

The following work or volunteer experience will help support my medical school application you may use an additional sheet if needed.

Completed typed applications must be turned in or emailed by April 1st, to the Development Office and students will be notified in August. Questions may be directed to Carrie Kayes: c Kayes@d.umn.edu (218) 726-6994

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