# Baltimore City Medical Society Foundation, Inc.

## Scholarship Application

2026/2027
Application is Now Open!

**Application Deadline : July 15, 2026**

All eligible medical students are encouraged to apply!

BCMSF
BALTIMORE CITY MEDICAL SOCIETY FOUNDATION


**BCMS Foundation**
1211 Cathedral Street, 3rd Floor
Baltimore, MD 21201

Phone: 410-625-0022
Fax: 410-385-0154
Email: info@bcmedicalsociety.org
Website: www.bcmedicalsociety.org

# Baltimore City Medical Society Foundation, Inc.

The Baltimore City Medical Society Foundation was established by the members of the Baltimore City Medical Society in 1972 to support philanthropic activities in Baltimore City and to provide scholarships to medical school students who have Baltimore City as their permanent address. The members of the Foundation Board of Directors are members of the Baltimore City Medical Society elected annually as prescribed by the Foundation's bylaws.

Most of the Foundation's funds are contributed by practicing physicians in Baltimore City. Additional income is received from patients, friends, and families wishing to honor a Society member. In 1991, a separate scholarship program was endowed in the name of the Medical Staff of North Charles General Hospital and Wyman Park Medical Services.

**Scholarship eligibility**
The BCMS Foundation awards scholarships to two general categories of medical school students.

**1)** Scholarships are awarded annually to medical school students who have Baltimore City as their permanent address and who have completed at least one year at an accredited United States medical or osteopathic school. Persons qualifying for these scholarships must have lived in Baltimore City for a minimum of three years while attending high school.

**2)** The North Charles/Wyman Park Medical Staff Scholarships are available to medical students with a permanent address in Maryland who have completed at least one year at either The Johns Hopkins University School of Medicine or the University of Maryland School of Medicine. Persons qualifying for this scholarship must have lived in the State of Maryland for a minimum of three years while attending high school.

Eligible students may apply for both scholarships, but only one scholarship will be awarded per student per year. **A scholarship will be granted to a student only one time.**

**Number and amounts of scholarships**
The number and value of awards are determined by the Foundation Board each year depending upon the funds available. Awards are announced by September 1.

**Criteria used to select recipients**
All qualifying applicants will be considered. Awards are based on financial need, academic achievement, and personal qualities, which, in the judgment of the Scholarship Committee, demonstrate promise of success in the pursuit of a medical or osteopathic degree. Although there is no pay-back provision in the scholarship program, students are encouraged to return to practice medicine in Baltimore City following completion of their training.

**How to apply**
In order to be considered, **all of the following materials must be RECEIVED on or before July 15, 2026** by the **Baltimore City Medical Society Foundation**. **EMAIL SUBMISSION ONLY** to *info@bcmedicalsociety.org*. **PAPER SUBMISSION IS NOT ALLOWED.**

- A completed and signed application on the form provided.
- A completed and signed financial aid statement on the form provided.
- Official undergraduate transcripts.
- Official medical/osteopathic school transcripts.
- A letter of recommendation, on official letterhead and signed, preferably from a member of the Baltimore City Medical Society or MedChi, The Maryland State Medical Society.

***It is the applicant's responsibility to confirm receipt of all required information.***

# BCMSF SCHOLARSHIP APPLICATION

*Email completed form and all other documents to: info@bcmedicalsociety.org.*

Please select one: ☐ Baltimore City Resident Scholarship
☐ North Charles/Wyman Park Medical Staff Scholarship

Are you a student member of the Medical Society? ☐ Yes ☐ No

**1. Personal Information**

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Email: _____

Phone #: _____

Cell #: _____

Mailing Address: _____

City/State/Zip: _____

Permanent Address: _____

City/State/Zip: _____

Dates of Residency: Baltimore City _____ to _____ and/or Maryland _____ to _____

Spouse's Name: _____

Spouse's Occupation: _____

Place of Employment: _____

Number of Children: _____

**2. Parent Information**

Father's Name: _____

Father's Occupation: _____

Place of Employment: _____

Mother's Name: _____

Mother's Occupation: _____

Place of Employment: _____

**3. Academic Information**

**High School Name**: _____

Address: _____

City/State/Zip: _____

Dates of Attendance: _____ to _____

**College/University Name**: _____

Dates of Attendance: _____ to _____

Degree: _____

Major: _____ Minor: _____

Honors/Achievements Received (if any):

_____

_____

_____

**Medical/Osteopathic School Name**:

_____

Date of Entry: _____

**Declaration**

I declare that all the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature:

_____

Date: _____

---

**How to apply**
In order to be considered, **all of the following materials must be RECEIVED on or before July 15, 2026** by the **Baltimore City Medical Society Foundation**. **EMAIL SUBMISSION ONLY** to *info@bcmedicalsociety.org*. **PAPER SUBMISSION IS NOT ALLOWED.**

- A completed and signed application on the form provided.
- A completed and signed financial aid statement on the form provided.
- Official undergraduate transcripts.
- Official medical/osteopathic school transcripts.
- A letter of recommendation, on official letterhead and signed, preferably from a member of the Baltimore City Medical Society or MedChi, The Maryland State Medical Society.

**It is the applicant's responsibility to confirm receipt of all required information.**

# BCMSF SCHOLARSHIP APPLICATION

## Financial Aid Statement

***(Must be completed by the medical school financial aid officer ONLY)***

*Email completed form to: info@bcmedicalsociety.org.*

FOR ACADEMIC YEAR 2026-2027

Full Name: _____ Social Security Number: _____

Anticipated Graduation Date: _____

Name of Medical/Osteopathic School:

_____

EXPENSES

Tuition: _____

Other Education Costs: _____

Total Budget: _____

Unmet Financial Need: _____

Cumulative Educational Debt: _____

RESOURCES

Student/Spouse Contribution: _____

Parent Contribution: _____

Grants/Scholarships: _____

Subsidized Loans: _____

Unsubsidized Loans: _____

Other: _____

Total Resources: _____

**Comments:** _____

_____

**Medical School Financial Aid Officer Signature**: _____

**Date**: _____

**Address**: _____

**City/State/Zip**: _____

**Phone**: _____

I, _____ (student name) grant permission to _____ (school name) Medical School Financial Aid Office to release the financial information necessary in order to complete this form.

Student Signature: _____ Date: _____

***Return/Email to the BCMS Foundation - info@bcmedicalsociety.org - by July 15, 2026***