

MEDICAL STAFF SOCIETY

56-45 Main Street
Flushing, New York 11355
(718) 670-2301

Dr. Marvin Leder Medical Staff Society Scholarship 2023/2024

For Students who will be in any year of college between September 2023 and June 2024

In September 2023, I will be: (please check appropriate status)

_____ College Freshman _____ College Sophomore _____ College Junior _____ College Senior

Please type or print legibly

Applicant Last Name, First Name _____

Applicant Contact Number _____ Applicant Email Address _____

Parent/Employer _____

Department _____ Job Title _____

Home Address _____

City _____ State _____ Zip _____

Contact Number _____ NYPQ Ext. _____

Student Applicant is a US Citizen Yes _____ No _____

Other Parent's Occupation _____

Other Siblings: - Please list ages and grades in school

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please **describe** any Community Service Activities in the last three years (**attach additional page if necessary**)

Attach a 300 words or less essay describing *why you are interested in continuing your education.*

Forward this completed form, with attachments, employment verification form, official/original transcript (including grades for the period of September – December 2022) and two (2) current academic recommendation letters to:

NewYork-Presbyterian Queens Medical Staff Society
Attn: Mrs. Pamela Williams, Director
56-45 Main Street, Flushing, NY 11355

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Employment Verification

Please type or print legibly. Include this form with your application.

We will submit to Human Resources - Do Not Send to Human Resources

Applicant _____

Parent/Employer _____

Department _____ Job Title _____

Home Address _____

City _____ State _____ Zip _____

Contact Number _____ NYPQ Ext. _____

Employee ID Number _____

I grant permission to the NYPQ Department of Human Resources to release the following information.

Signature _____ Date _____

Employee has met the length of employment criteria Y _____ N _____

History of disciplinary action during this period Y _____ N _____

Satisfactory attendance record during this period Y _____ N _____

Print name of HR personnel completing form _____

Signature of HR personnel completing form _____ Date _____