



**James Beckner, MD Medical Scholarship Fund**

**APPLICATION FORM**

In honor of Dr. Beckner, the Skagit-Island Counties Medical Society has created a scholarship in his name. All scholarships are awarded to residents of Skagit, Island or San Juan Counties who will graduate students in medicine (MD or DO).

The Application, a résumé, a short biographical sketch, a statement of career goals, and two letters of reference should be returned to the Scholarship Committee by August 30.

One additional question is considered when reviewing scholarship applications: Do you have aspirations of contributing to the Skagit-Island local community in some capacity upon completion of your education?

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

Email Address \_\_\_\_\_

Parents Name(s) Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Parents Address \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Schools (List year of graduation or current class year)

High School \_\_\_\_\_ Graduation year \_\_\_\_\_

College \_\_\_\_\_ Graduation year \_\_\_\_\_

Graduate/Medical School \_\_\_\_\_ Year \_\_\_\_\_

Specialty/Special Interest \_\_\_\_\_

School you will attend next year if different than above \_\_\_\_\_

Current Cumulative GPA \_\_\_\_\_

The scholarship award will be sent to your college.

Student I.D.# \_\_\_\_\_

College address \_\_\_\_\_

I hereby certify that the information on the above application is true and correct.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Send application to Scholarship Committee  
**Skagit-Island Counties Medical Society**  
PO Box 2206 Anacortes WA 98221