## Dr. George Simons Dudley Scholarship Application

Date:	RUID#:		
Salutation: Mr. or Ms. Las	t Name:	First Name:	
Home Address:			
City:	State:	Zi	p:
Phone Number:	Email: _		
Financial Requirements: Have you applied for Financial A  Academic Requirements: Qualified applicants are SAS or S	SEBS Biological Science ma	ajors who are currently J	No uniors with roughly 60-
90 credits. Sophomores with ac Which Rutgers school are you co Have you been at Rutgers-NB for How many credits have you ear You must be a Biological Science	urrently attending? or at least one year earning ned?	SAS g at least 30 credits? What is your overall (	_ Yes No GPA?
Other Requirements:  Because this scholarship is limit  1) Do you plan to apply to 2) Are you registered with 3) Have you participated in (include details in your	medical school(s): Ye Rutgers Health Profession	es No ns Office? Yes experiences? Yes	
As a measure of your commitmed Below, please list the names of you to the HPO:  1)	two people who have alre	ady submitted letters of	f recommendation for
In a 2-3 page letter addressed to goals and the career-building or will help you achieve your goals	pre-health experiences y	ou have had, and tell us	
Signature:Return to: hasse@dls.rutgers.edu		Date: DUE DATE: Mar	rch 29, 2024 by 5:00 PM