

# Nassau Academy of Medicine

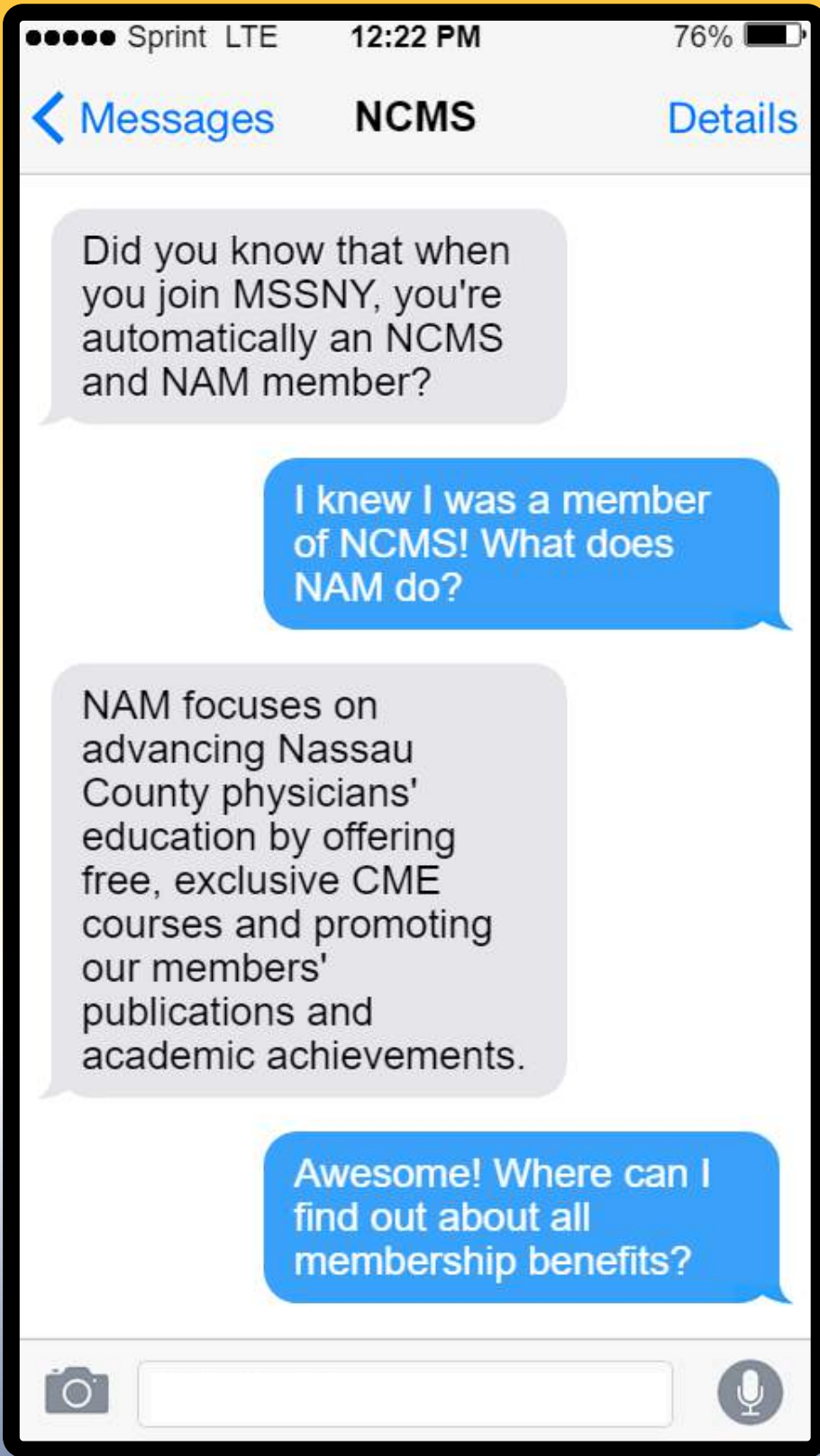
## Pride in the Profession Scholarship



**Do you have what it takes?**

- Pride
- Dedication
- Integrity
- Public/global health advocacy

**Inquire within for more information on how to apply!**



MSSNY Membership Benefits

NCMS Membership Benefits





## **PRIDE IN PROFESSION**

### **SCHOLARSHIP**

The Nassau County Medical Society has been advocating for physicians, alongside the Medical Society of the State of New York, since 1921. In an effort to further support the medical profession, the Society founded its sister organization, the Nassau Academy of Medicine, in 1953. As stated in the charter of the Nassau Academy of Medicine, the Academy's purpose is "to provide educational opportunities and training of a postgraduate nature for members of the Medical profession of Nassau County, a place to establish and maintain a medical library, and to diffuse among the people knowledge of the achievements of scientific medicine."

The evolution of the field of medicine depends solely on the physicians' knowledge and their ability to implement it ethically in their practices. At the Nassau Academy of Medicine, our goal is to create a space where physicians will not only further their education, but also promote the prosperity of the profession by sharing their findings and forming long-lasting connections with fellow physicians. As we begin to grow our organization, we are committed to our mission of uniting physicians and promoting positive change.

We intend to become a reliable educational resource for our members throughout the entirety of their medical career: from their medical school education to their residency and from their active practice in medicine to their retirement. Just as we take pride in our members' accomplishments, it is our duty to promote pride in the profession by instilling security in the community that we create. When you become active members of the community, you contribute to the longevity of the Academy and afford us the opportunity to provide unconditional support for years to come.

Our medical school students are the physicians of tomorrow and the future of the Nassau Academy of Medicine. As such, it is our distinct privilege to present the Pride in Profession Scholarship. We envision the scholarship recipients utilizing this to advance their education and their medical careers. In all that you do, we hope you take pride in passing on what you have learned to the next generation of physicians, becoming mentors to those who enter the profession after you, and shaping the evolution of the medical field.

# PRIDE IN PROFESSION

## Scholarship Application Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

County in which School is Located \_\_\_\_\_

### PRESENT STATUS AS A STUDENT

I will graduate from \_\_\_\_\_ in 20\_\_\_\_  
Medical School

For my application to be considered, Part II of this application form is to be submitted with this application.

1. What Medical School are you attending? \_\_\_\_\_
2. What specialty are looking to go into? \_\_\_\_\_
3. List of two references, one of which can be a personal reference or a professional reference outside of the medical field. (*\*\*This request is OPTIONAL*)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

# SCHOLARSHIP APPLICATION FORM

## PART II

Selection will be determined by a committee using, but not limited to, the following criteria.

1. All school activities/awards/recognition/leadership.

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2. Non-school activities/awards/recognition/leadership.

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3. Work experience

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4. Please attach a short essay (200 words) regarding your financial needs and career and educational goals.

Applications must be returned by **September 17, 2023** to be considered for this scholarship. If you have questions or need additional information please feel free to contact Stavroula Savelidis, Executive Director at 516-832-2300 or [stavroula@nassaucountymedicalsociety.org](mailto:stavroula@nassaucountymedicalsociety.org). Please send completed applications to the following address:

NASSAU ACADEMY OF MEDICINE  
666 OLD COUNTRY ROAD  
SUITE 705  
GARDEN CITY, NY 11530

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Applicant, Sign in Longhand

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Date