

Independence Health System
Latrobe Hospital Family Medicine Residency
Latrobe, Pennsylvania

Medical Student Application for the Dr. Andrew David Bagby Scholarship

You have been nominated for the Dr. Andrew David Bagby Family Medicine Scholarship. Attached you will find a description of the program. If after reviewing you are interested in applying for this Scholarship, please complete the information below and return it by April 1st.

Your Name	
Your Medical School	
Year of school completed by July 1 st of this academic year.	
When would you be available to take part in the 2-week or 4-week scholarship?	
Mailing Address	
Telephone Number	
Email Address	

Enclose the following with this form:

1. A written statement attesting to your desire to pursue training in family medicine at the conclusion of medical school.
2. A written reference from someone in your hometown, undergraduate or medical school community. This letter must attest to your desire to become a family physician and demonstrate evidence that you have an engaging demeanor and relate to people with ease.

Thank you very much for your interest in the Dr. Andrew David Bagby Scholarship. We will contact the Scholarship recipient and the non-recipients by May 1st. Completed application and any questions should be directed to:

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