

Independence Health System
Latrobe 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 you are interested in applying for this Scholarship after review, please complete the information below and return it by April 1st.

Your Name	
Your Medical School	
Year of school completed by July 1st of this academic year	
When would you be available to participate in the 4 week scholarship?	
Mailing address	
Telephone number	
E-mail 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 or medical school community. This letter must attest to your desire to become a family physician.
3. Evidence that you have an engaging demeanor and relate to people with ease. This must be assessed through either a letter of reference or by a personal interview with a member of the selection committee at Latrobe Area Hospital. This letter must be separate from those listed in number one and two above. If you would like to arrange an interview, please contact us.

Thank you very much for your interest in the Dr. Andrew David Bagby Scholarship. We will contact you about your status by May 1st. Any questions should be directed to:

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