



# The Dr. William Jones Mc Elhiney Medical School Scholarship Application

Presented by:  
St. Charles – Lincoln County Medical Society  
&  
Missouri State Medical Association  
*(the application can be found and completed at [www.sclcms.net](http://www.sclcms.net))*

Name \_\_\_\_\_

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Parents' Name \_\_\_\_\_

Expected year of graduation from medical school \_\_\_\_\_

Missouri Medical School \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

High School you attended \_\_\_\_\_

College Education \_\_\_\_\_

Year of Graduation from College \_\_\_\_\_ Major \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Place of Birth \_\_\_\_\_

US Citizenship? ☐ Yes ☐ No If not a US citizen, are you a permanent resident? ☐ Yes ☐ No

What is your anticipated field of practice in Medicine? \_\_\_\_\_

Honors, awards, significant achievements from high school, college and/or medical school \_\_\_\_\_

Your work history, including summer jobs, volunteerism, etc. \_\_\_\_\_

Community Involvement \_\_\_\_\_

Father's occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Sibling(s) \_\_\_\_\_  
Number of sibling(s) in college, professional or graduate school \_\_\_\_\_

Do you plan to practice medicine in St. Charles or Lincoln County? ☐ Yes ☐ No  
Do you plan to practice medicine in the State of Missouri: ☐ Yes ☐ No  
Do you belong to the student MSMA or AMA? ☐ Yes ☐ No

Professional References (Please provide two – please give name, address and contact telephone number)

Reference #1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference #2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you married ☐ Yes ☐ No OR plan to marry during the current academic year: ☐ Yes ☐ No  
Date of pending marriage \_\_\_\_\_

What is the value of assets owned by you and/or spouse?

Savings Account \$ \_\_\_\_\_ Stocks & Bonds \$ \_\_\_\_\_ Real Estate Equity \$ \_\_\_\_\_  
Trust Fund(s) \$ \_\_\_\_\_ Other (provide complete information on a separate sheet and attach to application)  
Total Assets \$ \_\_\_\_\_

What is the value of your current debt?

Consumer debt - Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Education debt - Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Other debt (please explain) Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
What is the year of the automobile you drive? \_\_\_\_\_ Make of auto \_\_\_\_\_ Model \_\_\_\_\_  
Unpaid balance of auto loan \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

How much financial assistance do you expect to receive this year from your parents? \_\_\_\_\_  
From other relatives, friends? \_\_\_\_\_  
How much \$ ? \_\_\_\_\_  
Source? \_\_\_\_\_

I hereby permit the St. Charles – Lincoln County Medical Society to use biographical, academic and financial information contained in this application to determine a possible award for which other students are also applying.

I declare and certify that the information on this document is complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Or

☐  
☐

I accept these terms (if completing application electronically) Date \_\_\_\_\_

I decline these terms (if completing application electronically) Date \_\_\_\_\_

Return your completed Scholarship Application  
No later than  
November 12, 2025

Mail to:  
MartinL.Willman,MD  
2304Todforth Way  
Saint Louis MO, 63131  
**or**

Email to:  
willmanm@gmail.com