



Charles E. Schmidt College of Medicine
Office of Medical Student Financial Aid
777 Glades Road
Boca Raton, FL 33431
(561) 297-2219
Fax: (561) 297-2221

THE JACK LAUB SCHOLARSHIP AWARD

The Florida Atlantic University (FAU) Charles E. Schmidt College of Medicine is pleased to offer the Jack Laub Scholarship. The purpose of this scholarship is to support medical students who have an interest in Breast Cancer Research. Mr. Laub is a member of our Schmidt College of Medicine Advisory Board and family. Mr. Laub is a distinguished WWII Veteran, NBA Basketball player, pharmaceutical industry pioneer and “Chevalier” of the Legion of Honor by the President of the French Republic for his role in the liberation of France during WWII. Sadly, Mr. Laub has lost two wives to breast cancer and has chosen to “give back” with a scholarship supporting medical students with an interest in providing clinical care and enhancing research in the field of breast cancer care.

Mr. Laub is also supporting the bench research of FAU Schmidt College of Medicine scientist, Dr. “VJ” Iravarapu and her innovative breast cancer research and pilot studies for early detection. With these dual efforts Mr. Laub seeks to make a positive difference in lives saved through clinical care and cutting edge research.

Florida Atlantic University is working to build a strong tradition of tuition assistance programs including private philanthropy through building lifelong partnerships with generous philanthropic benefactors who want to make a meaningful difference in the lives of individual medical students. The scholarship program is focused on advancing our Charles E. Schmidt College of Medicine and providing numerous opportunities to deserving students and will leave a lasting legacy in the college for future generations.

CRITERIA

- Applicants must be admitted to the Charles E. Schmidt College of Medicine.
- Applicants may be in their M1 or M2 year of study.
- Applicants may be classified as either in-state or out-of-state.
- A personal statement detailing your interest, experience, and motivation in Cancer Research, particularly Breast Cancer Research and Clinical Care and why this scholarship is important to you must accompany the application (not to exceed one page, size 12 font, with your name and Class (Class of 2015) in top right corner).
- Applicants who have not already submitted the FAFSA, the Free Application for Federal Student Aid are advised to do so to be considered, “financial need” is a required component to be a recipient of this award.

DEADLINE

- **Friday, November 9, 2012 by 5 p.m.**
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APPLICATION PROCESS

- Please return **the completed scholarship application**:
 - By email to: mdfinancialaid@fau.edu
 - By fax to: (561) 297-2221
 - By mailing to:
 - Attn: Marissa Smith
 - Charles E. Schmidt College of Medicine
 - Florida Atlantic University
 - 777 Glades Rd.
 - Bldg. 71, Room 310
 - Boca Raton, FL 33431

NOTIFICATION PROCESS

- Applicants will be notified of their award by an award acceptance letter.
- If you are offered a scholarship, you are required to submit the signed award acceptance letter before funds will be applied to your account.
- **For more information on the scholarship program please email mdfinancialaid@fau.edu or call (561)-297-2591.**

SCHOLARSHIP RECIPIENT REQUIREMENTS (SCHOLARSHIP DONOR STEWARDSHIP)

- Participation in the annual FAU-wide Scholarship Luncheon which formally connects the Charles E. Schmidt College of Medicine scholarship donor, Mr. Jack Laub and scholarship recipients to have an opportunity to meet and have lunch in person.
- Scholarship recipients will write a **hand written** thank you letter, **addressed, stamped and unsealed** to Mr. Jack Laub. This must be submitted with Award Acceptance Letter.
- Important: Please stamp your thank you letter, but leave unsealed as we need to make copies for our FAU files.

Please use this Return Address:

Your Name
FAU Schmidt College of Medicine
777 Glades Road, BC-71
Boca Raton, FL 33431

Addressee:

Mr. Jack Laub

We will complete the rest of the address

**THE JACK LAUB SCHOLARSHIP AWARD
2012-2013**

APPLICATION

Name: _____

FAU Student Z# _____

AMCAS ID # _____

Home Address: _____
(Number and Street)

(City) (State) (Zip)

E-Mail Address: _____

Contact Phone Number: (_____) _____ - _____

Year of Study: M1 M2

Residency Status: In-State Out-of-State

Did you qualify for a fee-waiver from AMCAS? Yes No

Did you identify yourself on your AMCAS application as having a disadvantaged background?
 Yes No

May we publicly announce your name if you are a recipient? Yes No

Requirements:
 Personal Statement (attached) FAFSA Submission

I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.

Applicant's Signature

Date