Purpose: To recognize the excellence and leadership of students at The University of Texas Health Science Center at San Antonio School of Medicine.

Criteria: Recipients will be chosen using the following criteria:

1. Candidate must be currently enrolled as a student at The University of Texas Health Science Center at San Antonio School of Medicine.
2. Candidate’s minimum GPA at the time of selection must be 3.0.
3. Selection should be based on the student’s exemplary service. Students must be involved in this service during their attendance at The University of Texas Health Science Center at San Antonio School of Medicine.
4. Nominators must submit a written statement describing the service, its importance and how it may impact the future.
5. Candidates must submit a CV to the Alumni Office.
6. Previous recipients of an Alumni Association Merit Award are not eligible.

Process:

1. Candidates may be nominated by classmates/other medical students, faculty/deans or by self-nomination.
2. Nominator must have a complete nomination packet consisting of:
   • a nomination form
   • the nominator’s written statement
   • the candidate’s CV
   Please note that incomplete packets will not be processed.
3. The nominator’s written statement must be double spaced, typed in 12-point font with 1” margins.
4. Please submit your packets in hard copy to the Alumni Office at AAB 270 or electronically to medalumni@uthscsa.edu.

Selection: The recipients of this award shall be selected based on the recommendations of the Award Selection Committee of the Alumni Association, with final approval by the Dean of the School of Medicine and/or the Associate Dean of Student Affairs.

Recognition:

1. $1,000 award
2. Recognition in the School of Medicine’s Future magazine.
3. An award presentation. For seniors it will be at the annual Senior Graduation Dinner and Awards Ceremony (in the spring of 2010) and for MS1-MS3 students it will be during Reunion Weekend in the fall of 2010.

Deadlines: Nominator must submit a complete nomination packet to the Alumni Association no later than:

   February 15th for 4th year students (MS4)
   April 5th for 1st – 3rd year students (MS1-MS3)
UTHSCSA School of Medicine Alumni Association Merit Award
2010 Nomination Form

Date: _________________________

Nominee Information:

I hereby submit the name of _________________________________________________________

Class of (year) __________________________ Check one: ☐MS1 ☐MS2 ☐MS3 ☐MS4

Street Address ___________________________________________________________________

City _____________________________ State/Province__________ ZIP/Postal Code __________

Home Phone ___________________________ Other Phone(s) ___________________________

E-mail __________________________________________________________________________ GPA _________________________

Nominated by:

Name (Print) _____________________________________________________________________

Class of (year) __________________________ Check one: ☐MS1 ☐MS2 ☐MS3 ☐MS4

Other (Faculty, Dean, etc.)__________________________________________________________

Street Address ___________________________________________________________________

City _____________________________ State/Province__________ ZIP/Postal Code __________

Home Phone ___________________________ Other Phone(s) ___________________________

E-mail __________________________________________________________________________

Signatures:

_____________________________________________________________________________
Nominator’s Signature       Date

_____________________________________________________________________________
Nominee’s Signature        Date

Submit packet by:

(1) E-mail to: medalumni@uthscsa.edu
(2) Campus mail to the Alumni Relations Office, MC 7790, Academic and Administration Building, Room 270