2016 Merit Award

**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. Previous recipients of an Alumni Association Merit Award are not eligible.

**Process:**
1. Candidates may be nominated by classmates/other medical students or faculty/deans. No self-nominations are accepted.
2. Nominator must have a complete nomination packet consisting of:
   - a nomination form
   - the nominator’s 250-word written statement about the importance of the nominee’s service
   - the nominee’s 250-word personal statement about the importance of performing service during medical school
   - the nominee’s CV
   - **NOTE:** If the nominator is a student, a 250-word faculty letter of recommendation is also required.
3. Please submit your packets in hard copy to the Alumni Affairs Office at AAB 316 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. $1,500 award
2. Recognition on the Alumni Association website.
3. An award presentation. For seniors it will be at the annual Senior Graduation Dinner and Awards Ceremony and for MS1-MS3 students it will be during Reunion Weekend in the fall.

**Deadlines:** Nominator must submit a complete nomination packet to the Alumni Association no later than March 6.
2016 Merit Award 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 __________________________ GPA _______________________

Nominator’s Signature __________________________ Date _______________________

Nominee’s Signature __________________________ Date _______________________

Submit packet by:

(1) E-mail to: medalumni@uthscsa.edu
(2) Campus mail to the Alumni Affairs Office, MC 7835, Academic and Administration Building, 3rd Floor