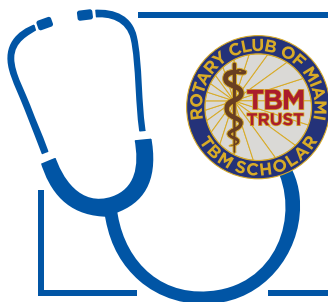




**ROTARY CLUB
OF MIAMI**

**Thomas Brown
McClelland Trust**

P.O. Box 43-1466 • Miami, Florida 33243

Phone: (305) 443-5787

www.miamirotary.org • Email: TBMTrust@outlook.com

**THOMAS BROWN McCLELLAND TRUST
MEDICAL SCHOLARSHIP PROGRAM
INSTRUCTIONS & CHECKLIST FOR 2027 - 2028**

Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number: _____ Email: _____ Cell Phone: _____

DATE: October 1, 2026

The Rotary Club of Miami is the administrator of the Thomas Brown McClelland Trust to provide needed financial aid to medical students who are graduates of a Miami-Dade County public or private high school and will be attending an AMA accredited medical school.

Statement of Qualifications

Applicants for scholarship grants should be students of special or outstanding promise in the study of medicine leading to an M.D. degree from a school accredited by the American Medical Association, who seek necessary financial support to complete their education. **Applicants must be able to meet with the Student Selection Committee of the Rotary Club of Miami for an interview in person on a mutually agreeable Saturday tentatively scheduled in March 2027 in Miami, Florida.**

In order to be scheduled for an interview, all qualified applicants (including former recipients) must mail a complete submission package, **postmarked on or before January 9, 2027** to: Rotary Club of Miami, Student Selection Committee, P.O. Box 431466, Miami, Florida 33243 – **NO FEDEX, UPS, Hand Deliveries or Signature Required.** Receipt of your application will be acknowledged by email.

Submission Package: (Please complete and mark this checklist to assure your admission package is complete and include a copy atop your submission. – Incomplete packages will not be considered.)



- ☐ **4 copies** of completed 2027-2028 Application Form **Page 1** (attached). This is a PDF document with fillable fields. **No handwritten** admissions will be accepted. Any additional information must be typed and attached to back of page 1. Complete Social Security Number must be submitted above, on the financial page, and on the W9 form. All information is kept confidential.
- ☐ **1 separate copy of Page 2** (Financial Resources and Expenses) with signatures. **Also must be typewritten.** Please include current Financial Aid Office address of any out-of-Florida school to insure your award goes to the correct place.
- ☐ **4 copies** of a brief, typed narrative, 500 words maximum, in a plain 12 point font, double spaced, expressing the basis for the student's interest in a medical career, the student's career aspirations, the field of specialization the student is considering if known, the student's community service involvement, and the type and location of practice the student intends to follow. **Please include your name and date at top of each page.** (Former applicants should revisit and update their previously submitted narratives.)

Note: If you are entering your junior or senior year of medical school and have received at least two years of scholarship awards, you may not be required to interview in person. Upon receipt of your application, you will be emailed to schedule a Zoom interview.

- ☐ A head and shoulders photograph no larger than 5" x 7" of the applicant to assist the Selection Committee in associating the student with the student's file and interview data. **PLEASE TRIM TO SIZE.**
- ☐ Proof of graduation from a Miami-Dade high school (first time applicants).
- ☐ A copy of the student's undergraduate transcript (first time applicants) (copies accepted).
- ☐ A copy of the student's MCAT score (first time applicants). Please also enter your MCAT Score on Application, Page 1.
- ☐ A copy of the student's medical school transcript (grades may be sent separately when available) (copies accepted).
- ☐ A copy of any medical journal publications or any other printed articles that have been published showing an interest in medicine, with the student's name on the publication. – Do not send previously submitted materials.
- ☐ **A COMPLETED AND SIGNED W-9 FORM - Page 1 only.** (Download from Rotary Club of Miami website)

Scholarship Applicants must sign a Right of Publicity Release Statement in the application, which will allow the Rotary Club of Miami to utilize their names and photographs as TBM awardees for publication purposes. If you have any further questions regarding the Thomas Brown McClelland Trust or our scholarship program, please e-mail us at TBMTrust@outlook.com

R. Philip Seipp and Diane Landsberg
TBM Scholarship Committee
Rotary Club of Miami