

## Medicus Student Exchange Scholarship

For studies in Switzerland, the Swiss Benevolent Society of New York offers students who have been accepted to study at a Swiss University or Federal Institute of Technology the Medicus Student Exchange Scholarship. This scholarship provides partial financial support for U.S. Residents at the junior, senior or graduate level. The full amount of these grants is paid directly to the university upon proof of registration.

This is a nonrenewable, one-time only scholarship award.

### Eligibility

- Applicants must be U.S. residents and permanently domiciled in the U.S.
- Applicants must have been accepted to a Swiss University or to a Federal Institute of Technology.
- Undergraduate-level applicants must study full-time and must be enrolled as a junior or senior.
- Graduate-level applicants must study full-time.

Please carefully review the eligibility requirements for the Medicus Student Exchange Scholarship Program at: <https://sbsny.org/scholarships/scholarship-programs/medicus-student-exchange-scholarship>

### Application deadlines and required supporting documents

**Please ensure your application and supporting documents are received by March 31, 2025:**

- Proof of applicant's U.S. citizenship or U.S. residency.
- Proof of cost for tuition, room and board.
- Proof of proficiency in the language of instruction.
- If available, we recommend that you submit SAT/ACT or GRE/GMAT results.

**Please also ensure the documents listed below are received by April 30, 2025:**

- Official transcripts of all high school, college and graduate grades (no copies).
- Letter of acceptance from Swiss University, Federal Institute of Technology or Technical College (Fachhochschule).
- Two academic recommendations from professors in the applicant's major area of study, on official letterhead (no copies). These must be on official letterhead principal, guidance counselor, or professor.

Applications and supporting documents submitted past the deadline will not be considered.

The SBS does not confirm receipt of applications to students.

### Application fee

There is a non-refundable application fee of **\$75.00**. This fee is due by **March 31st, 2025** and must be paid for the application to be considered. Payments must be made online: <https://sbsny.org/scholarships/payment>

### Where to send your documents

Please email your application and supporting documents to:

**[scholarships@sbsny.org](mailto:scholarships@sbsny.org)** (Preferred Method)

Alternatively, you can send them via post or courier to our office:

Swiss Benevolent Society of New York  
420 Lexington Avenue, Suite 430  
New York NY, 10170

# SBS Medicus Student Exchange Scholarship Application for Academic Year 2025-26

## Application For

SBS Medicus Student Exchange Scholarship

## Applicant Information

First-time Applicant  Returning Applicant

Legal Name (First)	(Middle)	(Last)	Preferred Name (if different)	
Permanent Address (Full Street Address)	City	State or Province	ZIP or Postal Code	Country
Email Address		Mobile Phone Number		
Date of Birth	Place of Birth	Swiss Community of Origin		
Proof of U.S. Citizenship or U.S. Residency				
School Email		Student ID# (fall 2025)		
Financial Status <input type="radio"/> Dependent <input type="radio"/> Independent		Academic Status (as of fall 2025) <input type="radio"/> Undergraduate <input type="radio"/> Graduate If Undergraduate (as of fall 2025): <input type="radio"/> Junior <input type="radio"/> Senior		

## Legal Partner (Spouse or Legal Civil Union) and Children

Name (First)	(Middle)	(Last)	Email	
Occupation		Employer		
Permanent Address (Full Street Address)	City	State or Province	ZIP or Postal Code	Country
Child 1 (Name)	(Age)	Child 2 (Name)	(Age)	
Child 3 (Name)	(Age)	Child 4 (Name)	(Age)	

## Parental or Guardian Information

### Parent or Guardian #1:

Name (First)	(Middle)	(Last)	Email	
Occupation (if retired: former occupation & retirement year)		Employer (if not retired)		
Employer's Address (Full Street Address)	City	State or Province	ZIP or Postal Code	Country

### Parent or Guardian #2:

Name (First)	(Middle)	(Last)	Email	
Occupation (if retired: former occupation & retirement year)		Employer (if not retired)		
Employer's Address (Full Street Address)	City	State or Province	ZIP or Postal Code	Country

### If Parents or Guardians are Divorced or Separated:

Applicant Lives with:  Both Parents and/or Guardians  Parent or Guardian #1  Parent or Guardian #2  Other (list name(s) & specify below)

Names & Obligations of Non-Custodial Parent(s) (if applicable)

# SBS Medicus Student Exchange Scholarship Application for Academic Year 2025-26

## Parental or Guardian Information (continued)

### Other Children of Parents or Guardians:

Name (First, Middle Initial & Last)	Occupation (if applicable)	Education (school & highest level)	Date of Birth

Do any of the above children attend a college or university?  YES  No If yes, how many?

Will your parent(s) or guardian(s) assist you financially in continuing your education?  YES  No

Will you receive other financial assistance (i.e. scholarships, merit awards, grants, etc.)?  YES  No If yes, Please specify below:

Other Parental or Guardian Circumstances (or Comments) which should be considered?

## Academic Information — High School or Secondary Studies (Grade Levels 9-12, or equivalents)

School or Institution Name(s)	Dates of Attendance	Cumulative GPA

Graduation Date (month/year)	SAT / ACT Scores:	CR	M	W
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## Academic Information — Undergraduate Studies

School or Institution Name(s)	Dates of Attendance	Cumulative GPA

Name of Undergraduate Degree	Major/Field of Study	Graduation Date (month/year)
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## Academic Information — Graduate Studies

School or Institution Name(s)	Dates of Attendance	Cumulative GPA

Name of Graduate Degree	Major/Field of Study	Graduation Date (month/year)
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## Academic Information — School Currently Attending or Schools Applied To (in order of preference, highest to lowest)

School or Institution Name(s)	Location (City and State or Province)	Date Applied	Date Accepted

# SBS Medicus Student Exchange Scholarship Application for Academic Year 2025-26

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## Academic Information (continued)

Major/Field of Study (as of fall 2025)

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Number of credits required to be considered full time

Number of credits you plan to take for academic year 2025-2026

Planned Courses (starting fall 2025)

Number of Credits

Planned Courses (starting fall 2025)	Number of Credits

Total Credits

Academic Goals (250-300 words, continuous text, no bullets)

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Career Goals (250-300 words, continuous text, no bullets)

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# SBS Medicus Student Exchange Scholarship Application for Academic Year 2025-26

## Financial Information — Expenses (per college year at the school or institution you attend or plan to attend)

	Actual 2024-25	Estimated 2025-26
Tuition and Fees		
Room and Board		
Books and Supplies		
Total Per Year		
Other Related Expenses		
Grand Total Expenses		

Where will you live during academic year 2025-26?  On Campus  At Home  Off Campus

## Financial Information — Applicants Sources of Financing

Please list names of any form of financing such as Scholarship, Grants, Loans, Employment, Other (i.e. Savings, Gifts, etc.), Parents or Guardian Contributions

Description	Received 2024-25	Expected 2025-26	Employer (if applicable)	Dates of Employment (if applicable)

## Financial Information — Current Employment

Are you currently employed? <input type="radio"/> Yes, full-time <input type="radio"/> Yes, part-time <input type="radio"/> No		Company Name	Occupation	
Supervisor's Name	Supervisor's Telephone	City	State or Province	ZIP or Postal Code

## Signature

All information contained in the application and supporting documentation will be held in the strictest confidence.

The information you provide is distributed only to the members of the Scholarship Committee. Please note, no applications or submitted documents will be returned.

Please ensure your application and supporting documents are received by **March 31, 2025**:

- Proof of applicant's U.S. citizenship or U.S. residency.
- Proof of cost for tuition, room and board.
- Proof of proficiency in the language of instruction.
- If available, we recommend that you submit SAT/ACT or GRE/GMAT results.

Make your Scholarship Application Fee payment online by **March 31, 2025**.

Please also ensure the documents listed below are received by **April 30, 2025**:

- Official transcripts of all high school, college, graduate grades or other institution (no copies). These must be sent to the Scholarship Committee directly.
- Letter of acceptance from Swiss University, Federal Institute of Technology or Technical College (Fachhochschule). These must be written by the school principal, guidance counselor, or professor. No copies will be accepted.
- Two academic recommendations from professors in the applicant's major area of study, on official letterhead principal, guidance counselor, or professor. These must be sent to the Scholarship Committee directly. No copies will be accepted.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign this application digitally - Do not send scanned application forms**