



# **Pi Kappa Alpha Foundation**

***Educating and Empowering Principled Leaders***

## **THE SCOTT A. MACKLER, MD, PHD, MEDICAL SCHOOL MEMORIAL SCHOLARSHIP**

**Funded by: The Joseph Alexander Foundation**

**Application deadline: April 30th**

This scholarship is funded by The Joseph Alexander Foundation, represented by Harvey A. Mackler (Pennsylvania, Beta Pi '72), brother to the late Scott A. Mackler, MD, PhD (Pennsylvania, Beta Pi '77). It is administered by the Pi Kappa Alpha Foundation, a tax-exempt, charitable and philanthropic organization whose mission is to support education, leadership training and personal development efforts of Pi Kappa Alpha Fraternity and its members. Please contact Ginny Stalker, Director of Scholarships and Programs, at (901) 748- 1948 ext. 1141 or [gstalker@pikes.org](mailto:gstalker@pikes.org) if there are any questions regarding this award.

The nominee must complete this application and forward it, along with all supporting documents to:

**Pi Kappa Alpha Foundation  
Ginny Stalker, Director of Scholarships and Programs  
8347 West Range Cove  
Memphis, TN 38125  
(901) 748-1948 ext. 141 or [gstalker@pikes.org](mailto:gstalker@pikes.org)**

### **History**

Throughout his life Scott A. Mackler, May 7, 1958 to November 13, 2013, was the classic overachiever. He pushed himself both physically and academically. Before Amyotrophic Lateral Sclerosis (ALS) entered his life in 1998, he was a marathoner, a former Penn soccer player, a teacher, a renowned research scientist, and a very caring physician, family man, and fraternal brother. As he progressively lost most of his physical abilities, Brother Mackler remained active with his mind and intellect – focused on being the consummate research scientist. As he overcame the physical hardships of living fifteen years with ALS, without the ability to move his muscles, he continued with his research, his activities, and his inspiration for thousands. His brother, Harvey, often referred to him as a Timex watch and its slogan “takes a licking and he keeps on ticking”.

### **Criteria**

1. Applicant must be a full-time student in good standing with their respective Pi Kappa Alpha chapter and their respective university.
2. Applicant must be a senior studying medicine and planning to enter an accredited U.S. medical school upon graduation OR a current medical school student at an accredited U.S. medical institution.
3. An official letter of acceptance from an accredited school of medicine must accompany the application OR an official transcript from the enrolled medical school if a current med student.
4. A 3.5 GPA is required on a 4.0 grading scale OR a “B” or higher, if currently enrolled in medical school. If the applicant is currently enrolled in a medical school that awards "Pass" or "Fail"-ALL "Passes" are required.
5. An official transcript from the applicant's enrolled university must accompany the application.

6. An essay, not to exceed two typed pages (12 point Times-New Roman), must accompany this application describing *“What experiences have motivated and reinforced your desire to pursue this profession?”*
7. Special consideration will be given to applicants who are in need of financial assistance.
8. Special consideration will be given to applicants that have an interest in studying neuromuscular disease.
9. Special consideration will be given to applicants who participate in athletics, on or off campus.
10. All required components of this application must be submitted to the appropriate parties by the deadline. Applications must include appropriate signatures.

Finally, *“What do you want this selection committee to know about you that is not addressed elsewhere in your application?”* (Recommended but not required.)

**Pi Kappa Alpha Foundation  
Scholarship Application**

Pi Kappa Alpha Foundation • 8347 West Range Cove • Memphis, TN 38125  
scholarships@pikes.org • Fax: 901.748.3100  
Phone: 901.748.1948

All applications must be typed or printed legibly.

Type of scholarship applying for:     Undergraduate     Graduate     Continuing Education

|  |  |                               |                                     |
|--|--|-------------------------------|-------------------------------------|
| <b>Scholarship Name:</b> _____                     |  |                               |                                     |
| <b>Name:</b>                                       |  |                               | <b>Birth Date:</b>                  |
|  | <i>Last</i>  | <i>First</i>                  | <i>Middle</i> <i>Suffix</i>         |
| <b>Chapter:</b>                                    |  |                               | <b>Initiation Date:</b>             |
| <b>Number of Members in Collegiate Chapter:</b>    |  |                               | <b>Anticipated Graduation Date:</b> |
| <b>2020-2021 Classification</b>                    | <input type="checkbox"/> Sophomore<br><input type="checkbox"/> Junior<br><input type="checkbox"/> Senior<br><input type="checkbox"/> Graduate/Continuing Education |                               | <b>Name of High School:</b>         |
|  |  |                               | <b>Location of High School:</b>     |
| <b>Campus Address:</b>                             |  |                               |                                     |
|  | <i>Street</i>  | <i>City/State/ Zip Code</i>   |                                     |
| <b>Home Address:</b>                               |  |                               |                                     |
|  | <i>Street</i>  | <i>City/State/Zip Code</i>    |                                     |
| <b>Address for contact at time of submittance:</b> | <input type="checkbox"/> Campus  | <input type="checkbox"/> Home |                                     |
| <b>Telephone Numbers (with area code):</b>         |  |                               |                                     |
|  | <i>Home</i>  | <i>Cell</i>                   |                                     |
| <b>E-mail Address:</b>                             |  |                               |                                     |

|  |                       |              |                                   |
|--|-----------------------|--------------|-----------------------------------|
| <b>Undergraduate Academic Data (This section must be completed by all applicants):</b> |                       |              |                                   |
| <b>Major(s):</b>   |                       |              | <b>Minor(s):</b>                  |
| <b>Cumulative GPA:</b>   |                       |              | <b>Based on a maximum GPA of:</b> |
| <b>Undergraduate Institutions – List all attended below:</b>                           |                       |              |                                   |
| <b>University/College</b>  | <b>Dates Attended</b> | <b>Major</b> | <b>Degree (if completed)</b>      |
|  |                       |              |                                   |
|  |                       |              |                                   |

|  |                               |                       |                                   |
|--|-------------------------------|-----------------------|-----------------------------------|
| <b>Graduate Academic Data (To be completed <u>ONLY</u> by Graduate and Continuing Education Applicants):</b> |                               |                       |                                   |
| <b>Graduate Cumulative GPA:</b>  |                               |                       | <b>Based on a maximum GPA of:</b> |
| <b>Graduate Degree(s) Attained:</b>  |                               |                       | <b>Graduate Degree Sought:</b>    |
| <b>Graduate Institution(s) attending or admitted to:</b>   |                               |                       |                                   |
| <b>University/College</b>  | <b>Date Accepted/Enrolled</b> | <b>Field of Study</b> |                                   |
|  |                               |                       |                                   |
|  |                               |                       |                                   |

|   |
|---|
| <b>Check all that apply:</b>  |
| <input type="checkbox"/> Will hold a chapter office during the _____ academic year                            |
| <input type="checkbox"/> Former or current International Officer or Chapter Advisor, List: _____              |
| <input type="checkbox"/> Foundation scholarship recipient, List: _____  |
| <input type="checkbox"/> Attended PIKE University event(s): List _____  |
| <input type="checkbox"/> Previously applied for a Foundation scholarship. If yes, list year(s) applied: _____ |

**Check all offices held AND LIST DATES** (offices in bold are on the Executive Board):

|                          |                                |                          |                                 |
|--------------------------|--------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <b>President</b>               | <input type="checkbox"/> | Sergeant at Arms                |
| <input type="checkbox"/> | <b>Internal Vice President</b> | <input type="checkbox"/> | Historian                       |
| <input type="checkbox"/> | <b>External Vice President</b> | <input type="checkbox"/> | Continuing Education Chairman   |
| <input type="checkbox"/> | <b>Recruitment Chairman</b>    | <input type="checkbox"/> | Athletics Chairman              |
| <input type="checkbox"/> | <b>Treasurer</b>               | <input type="checkbox"/> | Philanthropy Chairman           |
| <input type="checkbox"/> | <b>Secretary</b>               | <input type="checkbox"/> | Property Manager/House Chairman |
| <input type="checkbox"/> | <b>New Member Educator</b>     | <input type="checkbox"/> | Public Relations Chairman       |
| <input type="checkbox"/> | <b>IFC Delegate</b>            | <input type="checkbox"/> | Scholarship Chairman            |
| <input type="checkbox"/> | Alumni Relations Chairman      | <input type="checkbox"/> | Campus Involvement Chairman     |
| <input type="checkbox"/> | Chaplain                       | <input type="checkbox"/> | Recruitment Information Manager |
| <input type="checkbox"/> | New Member Education Committee | <input type="checkbox"/> | Special Event Chairman          |
| <input type="checkbox"/> | Assistant Treasurer            | <input type="checkbox"/> | Other (list title):             |
| <input type="checkbox"/> | Recruitment Captain            | <input type="checkbox"/> | Other (list title):             |
| <input type="checkbox"/> | Community Service Chairman     | <input type="checkbox"/> | Other (list title):             |

List any Pi Kappa Alpha Honors/Awards:

List any Pi Kappa Alpha Alumni Association Offices held:

**Answer the following on a separate sheet in this order (do not submit a resume):**

- List Campus/Community Involvement and Leadership Positions (include dates for all; do not include high school activities)**
  - Undergraduates/Gap Year Students: Please list participation and offices held in campus or community organizations other than PIKE; internships; research experience; and volunteer activities
  - Graduate or Medical School Students: Include the above along with work experience and affiliations with professional associations
- List Achievements and Recognition**
  - Please include any local awards, honors, publications, fellowships, and/or scholarships

**Financial Information:**

- This scholarship specially considers applicants that demonstrate financial need. Do you believe you fit this criterion?  Yes  No
- If yes, please attach a brief statement (100 words or less) explaining - other than past loans - a major change in your personal or family finances or an unforeseen/unpredictable circumstance related to financial resources which has created your current need for assistance.

**Character References:**

Please provide the name, title, email address and phone number of at least two (2) individuals that may attest to your outstanding character.

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- (Graduate and Continuing Ed Only)**

I certify that the information provided in this scholarship application is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature (Must be Hand-Signed)

\_\_\_\_\_  
Date