

Armenian American Medical Society  
P. O. Box 32 - Glendale, CA 91209 (818) 980-7777 www.aamsc.org

**AAMS SCHOLARSHIP APPLICATION**

Five individual \$1,000 scholarships will be awarded to students enrolled in a US accredited medical, pharmacy, dental, physician assistant, nursing or other professional healthcare schools **(DUE August 15, 2019)**

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_  
(maiden name)

**ACADEMIC INFORMATION**

Professional School name: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

<u>Undergraduate/Graduate Schools</u>	<u>Dates Attended</u>	<u>Major(s)</u>	<u>G.P.A.</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Enclose official transcripts**

Current advisor or Dean's Name (to verify enrollment:) \_\_\_\_\_

Are you currently enrolled for the 2019 academic year? \_\_\_\_\_

**Provide information about your intended degree, when you expect it will be awarded, and any other pertinent information including area of concentration:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Honors/Awards:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARMENIAN COMMUNITY SERVICE AND VOLUNTEER WORK**

(Include description and date of each activity, your participation, organizations and offices held, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT ACADEMIC AND COMMUNITY REFERENCES**

Enclose one academic and one Armenian community service reference letter

NAME

TITLE

TELEPHONE

Would you like to be considered on basis of financial needs? Please circle Yes No

If yes, (1) please provide your total household annual income \$ \_\_\_\_\_

(2) submit the first two pages of the applicant's and each parents' 2018 tax returns.

(If not available, provide year 2017 tax returns.)

**ESSAY**

Please attach a brief essay (500 words maximum) on your reasons for entering the health profession, and how you would like to impact the health care of Armenians.

**Community Services**

The Scholarship check will be disbursed upon completing 5 hours of community service during AAMS' annual Health Fair or at a similar event in the city of the professional school.

Would you be interested in becoming a Mentor? Yes No

Where did you hear about AAMS' scholarship opportunity: \_\_\_\_\_

**APPLICATION CHECKLIST**

- Scholarship award is intended for students of Armenian descent, or with special interest in Armenian Medical Causes
- Currently attending an American accredited medical, pharmacy, dental, physician assistant, nursing or other professional healthcare schools
- Proof of acceptance to the school you are attending
- Sealed official transcripts, current academic reference letter
- Current reference letter attesting to Armenian community service
- Essay
- If you would like to be considered on the basis of financial need, please provide the first 2 pages of the most recent tax returns for yourself and your parents

Your application will not be considered unless all required information is received by August 15, 2019.

**PLEASE DO NOT USE MAIL THAT REQUIRES A SIGNATURE UPON DELIVERY.**

All applications are reviewed by AAMS's Scholarship Committee, and information is kept strictly confidential.

I hereby affirm that all the information provided is true and any false statements will forfeit my qualification for the consideration to the scholarship. This application is the sole property of AAMS. All information is strictly confidential and will not be returned.

Please type your name: \_\_\_\_\_

Signature: \_\_\_\_\_