

AAMS SCHOLARSHIP APPLICATION

Scholarships will be awarded to students enrolled in a US accredited program in the fields of medical, pharmacy, dental, physician assistant, nursing, mental health or other professional healthcare schools.

(Post Marked by October 15, 2024)

(please type or print)

Name: _____
(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 2024 academic year? _____

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

Grades, Academic Honors and Awards:

Non Academic Honors Awards and Accomplishments:

I hereby affirm that all the information provided is accurate, and any false statements will forfeit my qualification for the consideration for 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: _____