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

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) Address:	(First)	,	(II)
City/State/Zip:			
-			
Date of Birth:/ /Birthplace:_		Marital Status:	
Father's Full Name			
	(maiden name)		
ACADEMIC INFORMATION			
Professional School name:	Exp	ected Graduation Da	ate:
<u>Undergraduate/Graduate Schools</u>	Dates Attended	Major(s)	<u>G.P.A.</u>
Enclose official transcripts		<u></u>	
Current advisor or Dean's Name (to verify	anrollment.)		
Are you currently enrolled for the 2024 ac Provide information about your intende other pertinent information including a	d degree, when you e	expect it will be awa	
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Provide information about your intendent other pertinent information including and Grades, Academic Honors and Awards:	d degree, when you e	expect it will be awa	
Provide information about your intende	d degree, when you e	expect it will be awa	

ARMENIAN COMMUNITY SERVICE AND VOLUNTEER WORK Please describe your service to Armenian and non-Armenian communities: discuss depth, value, and duration of service.						
Please describe your serv	ice to Armenian and non-Armenian communities: dis	scuss depth, value, an	d dura	tion of se	ervice.	
	EMIC AND COMMUNITY REFERENCI					
Please include 1 current	academic and 1 current non-academic reference le	tter.				
NAME	TITLE	TELEP	HON	E		
If yes, (1) please (2) submit	e considered on the basis of financial needs provide your total household annual income the first two pages of the applicant's and eat finot available, provide year 2022 tax returns	ne \$ ach parent's 2023		•	No	
ESSAY		,				
	essay (500 words maximum) discussing you would like to use your profession to impa					
	s Ek will be disbursed upon completing 5 hours ival or at a similar event in the city of the pre-	-		during	; AAMS' annual	
Have you volunteer	ed at AAMS's annual Glendale Health Fe	estival?	Yes	No		
How many times?						
Would you be interest	ested in becoming a Mentor?	,	Yes	No		
Where did you hear a	bout AAMS's scholarship opportunity:					
	APPLICATION CHEC	KLIST				
Currently attending professional health	ce to the school you are attending					

- r
- Sealed official transcripts, current academic reference letter
- □ Current reference letter attesting to Armenian community service
- □ Essay (include your name on the 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; post marked by October 15, 2024. 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.

•	tion for the scholarship.	curate, and any false statements will forfeit my This application is the sole property of AAMS. Alrned.
Please type your name: Signature:		