



**Armenian American Medical Association  
Scholarship Application Form  
2021 – 2022 Academic year**

**Qualifications:**

- Must be of Armenian descent and from the New England area
- Must be accepted to/enrolling in a nursing or graduate program at a New England college/university
- Anticipated degrees include: MD, DO, PA, NP, CRNA, RN, Podiatry, Midwife

**Completed applications & attachments must be postmarked by October 31, 2021 for consideration.**

Applications received after October 31, 2021 will be considered on a funds available basis.

Consideration for any scholarship award is based on participation in the Armenian community, financial need, extra-curricular activities and community service. Scholarships are awarded in December for the 2021-2022 academic year, and checks will be distributed by December 31, 2021, payable to the recipient. Amount of scholarship will be \$2,000 and can be used toward tuition, books or room and board.

**THE FOLLOWING MUST BE ATTACHED TO YOUR COMPLETED APPLICATION:**

1. Current Resume/Curriculum Vitae
2. Headshot
3. College transcript and acceptance letter from anticipated graduate school
4. A letter of recommendation attesting to your involvement in Armenian activities
5. Brief essay (one page or less) on your personal career goals, your extent of involvement in the Armenian community and any additional information you feel is important

**Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Undergraduate College and Major:** \_\_\_\_\_ **Graduation Year/degree:** \_\_\_\_\_

**Graduate School where scholarship will be used:** \_\_\_\_\_

**Expected Degree:**  MD/DO  PA/NP  Other Allied Health (Please specify) \_\_\_\_\_

**Date of expected graduation:** \_\_\_\_\_

I certify that the information on this application is true and correct to the best of my knowledge. I understand that if I fail to attend this graduate degree program, I am obligated to reimburse the scholarship committee and forfeit any remaining scholarship funds awarded to me.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail or email application and ALL attachments (POSTMARKED BY OCTOBER 31, 2021) to:**

AAMA Scholarship Committee  
P.O. Box 812641  
Wellesley, MA 02482  
[info@aamaboston.org](mailto:info@aamaboston.org)