



Armenian American Medical Association Scholarship Application Form 2023 – 2024 Academic year

Qualifications:

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

Completed applications & attachments must be postmarked by 10/31/2023 for consideration.

Applications received after October 31, 2023 will be considered on a funds-available basis.

Consideration for any scholarship award is based on participation in the Armenian community, AAMA events, extra-curricular activities and community service. Scholarships are awarded in January for the 2023-2024 academic year, and checks will be distributed in February, 2024, payable to the recipient. Scholarship amounts will be up to \$3,000 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 and current transcript if applicable
4. Acceptance letter from current/anticipated graduate program
5. A letter of recommendation attesting to your involvement in Armenian activities
6. Brief essay 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: _____

Involvement with AAMA Activities: _____

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, 2023) to:

AAMA Scholarship Committee
P.O. Box 812641
Wellesley, MA 02482
info@aamaboston.org