



**Armenian American Medical Association
Scholarship Application Form
2024 – 2025 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 10/31/2024 for consideration.

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 2024-2025 academic year, and checks will be distributed in February, 2025, payable to the recipient. Scholarship amounts vary, and can be used towards tuition, books or room and board.

THE FOLLOWING MUST BE ATTACHED TO YOUR COMPLETED APPLICATION:

1. Current Resume/Curriculum Vitae
2. Headshot
3. Undergraduate and current graduate school transcript
4. Acceptance letter from current/anticipated graduate program
5. A signed 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: _____ **Date of expected graduation:** _____

Permanent Address: _____ **City/State/Zip:** _____

Undergraduate College & Major: _____ **Graduation Year/degree:** _____

Graduate School where scholarship will be used: _____

Expected Degree: • MD/DO • PA/NP • Other Allied Health (Please specify) _____

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, 2024) to:

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