

2013 La Plata Medical Society Profession Scholarship Program Application

Section A: Personal Information

Application Type: * High School Sr.
 College Jr./Sr.
 3/4 yr Med. Student

Applicant Name: *

First Last

Gender: *

Current Address: *

Street Address

Address Line 2

City State

Zip Code

Permanent Address: *

Street Address

Address Line 2

City State

Zip Code

What County is your permanent address located? *

Email Address: *

Alternative Email:

Home Phone: *

Cell Phone: *

Date of Birth: *

What ethnic group do you primarily identify?

- American Indian
- Alaskan Native
- Asian or Pacific Islander
- Black / African American
- Hispanic
- White / Caucasian
- Other

Are you a United States Citizen? *

Are you a Colorado Resident? *

If yes, how long have you been a Colorado resident?

What High School did you graduate from?

What year did you graduate?

Section B: Relative and Reference Information

Name of Closest Relative: *

First

Last

Current Address: *

Street Address

Address Line 2

City

State

Zip Code

Home Phone: *

Cell Phone: *

Name of Personal or Professional Reference: *

First

Last

Current Address: *

Street Address

Address Line 2

City

State

Zip Code

Home Phone: *

Cell Phone: *

Section C: Educational / Institutional Information

This section pertains to the institution/school you are attending or planning to attend. NOTE: You must be currently enrolled to qualify for this scholarship. Proof of enrollment will be required for scholarship recipients.

Institution*

Name

Institution Address*

street address

Address line 2

City

State

Postal/Zip Code

Country

Phone # of Financial Aid Office*

###-###-####

Scholarship Applying for:*

Priority consideration will be for those individuals with a commitment to pursuing a medical career in SW Colorado.

- \$500 - HS Senior entering college pursuing any medical field.
- \$1000 - College Jr./Sr. pursuing any Medical field.
- \$1500 - 3rd/4th year medical student with an emphasis in primary care.

Tuition and Fees Annually*

Projected Graduation*

Section D: Essay

Please write a one page essay (1000 words or less) that describes your experiences and/or desires to pursue a medical career in a rural setting, especially in SW Colorado. The essay should include a description of your future plans for practice and be as specific as possible. Please include relevant volunteering experiences. Preferred file upload format is .pdf, .doc and .docx files. If you have any trouble uploading contact john@durangonetetwork.com

Upload your application Essay

Section E: Certification

How did you hear about this scholarship?

I certify that all statements made in this application are complete and accurate to the best of my knowledge. I understand that falsification of any information will disqualify my application. I understand that by accepting The LaPlata Medical Society Scholarship Award I will be required to practice two years in a Colorado rural community.

By checking this box, I agree to allow the LaPlata Medical Society and its staff to obtain proof of enrollment and have access to my financial aid information at my health profession institution by providing all financial aid documentation throughout my health profession education.

I agree

Submit

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