



# Florida American Legion Medical School Scholarship Application



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Medical School Attending \_\_\_\_\_

## **Awards**

First Place – One scholarship award of \$2,750.00

## **Eligibility:**

- A U.S. Citizen or permanent Florida resident
- A student in an accredited Florida medical school or medical program
- Must have completed at least one year of study

## **Nomination Packet must include:**

1. A nomination letter from the medical school's dean or the dean's designate discussing the nominee's:
  - Leadership abilities
  - Excellent academic achievements
  - Awards and honors, special research projects, and extracurricular activities, especially those exhibiting leadership abilities.
2. A letter of recommendation from a faculty member
3. A personal statement by the nominee which does not exceed 250 words, discussing his/her motivation for pursuing a medical career and how he/she anticipates working to improve the health care of the community in which they live.
4. A curriculum vitae (CV) for the nominee which clearly indicates contact information

**DEADLINE: Must be postmarked April 1 of the current year**

### **Submit applications to:**

Florida American Legion  
ATTN: Programs Director  
P O Box 547859  
Orlando, FL 32854-7859