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