

**SKAGIT-ISLAND COUNTIES MEDICAL SOCIETY
SCHOLARSHIP APPLICATION**

Qualifications: To be considered for this scholarship, applicant must be a resident of Skagit, Island or San Juan County who is a graduate student in medicine.

NAME		
Address:		
	Phone:	Email:
Parent's Name(s)	Father:	Mother:
Parent's Occupation(s)		
Parent's Address:		
	Phone:	Email:
Schools: List year of graduation or current class year.		
High School:		Year Graduated:
College:		Year Graduated:
Graduate/Medical School:		
Specialty/Special Interest:		
School you will attend next year (if different than above):		
Current Cumulative GPA:		

Include a short biographical sketch and a statement of career goals, along with two letters of reference.

I hereby certify that the information on the above application is true and correct.

Date: _____ SIGNATURE OF APPLICANT: _____

<p>PLEASE RETURN THIS APPLICATION BY AUGUST 15 TO: SCHOLARSHIP COMMITTEE SKAGIT-ISLAND COUNTIES MEDICAL SOCIETY P O BOX 646, BURLINGTON, WA 98233-0646 Email: Jonasson.farm@verizon.net</p>
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