

**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 PO Box 2206 Anacortes, WA 98221 E-mail: Skagit-IslandMedicalSociety@hotmail.com</p>
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