

**ARMENIAN AMERICAN MEDICAL ASSOCIATION  
of the Greater Boston Area**

**APPLICATION FOR SCHOLARSHIP**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address: (*preferred mailing*)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_

**Phone: (*home*)** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**College attended:** \_\_\_\_\_

**Degree and Year:** \_\_\_\_\_

**Awards, honors, and activities:**

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**Medical school:** \_\_\_\_\_

**Year: (*circle*)**                      1<sup>st</sup>                      2<sup>nd</sup>                      3<sup>rd</sup>                      4<sup>th</sup>

**Awards, honors and activities:**

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**Armenian community activities:**

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**Current life goals:**

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**Non-academic achievements:**

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**Financial Status:** \_\_\_\_\_

**Parents address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parents' occupations and income:**

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**Do your parents own a home? (*circle*)** **Yes** **No**

**Number of siblings:** \_\_\_\_\_

**Any in college or postgraduate education? (*circle*)** **Yes** **No**

**Where do they attend?**

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**Did you receive a scholarship or loan from another source? (*circle*)**

**Yes**

**No**

**If yes, how much and give sources:**

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**Tuition/Fees per year:** \_\_\_\_\_

**Living expenses:** \_\_\_\_\_

**Additional comments:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:**

**AAMA Scholarship Committee  
P.O. Box 812641  
Wellesley, MA  
02482**

**or email to: [AAMABoston1@gmail.com](mailto:AAMABoston1@gmail.com)**

**Feel free to send any additional supportive information.**