



SNMA

STUDENT NATIONAL MEDICAL ASSOCIATION

SNMA SCHOLARSHIP APPLICATION DATE _____

Name	_____		
Address	_____ _____		
Phone	_____	E-mail	_____
Chapter	_____ (No abbreviations please)		
	_____ City/State		
SNMA Membership # (required)	_____		
	Check one: <input type="radio"/> Associate Member (pre-med) <input type="radio"/> Active Member (medical school)		

College(s)/Graduate School(s) (Degrees obtained/expected)

1. _____
2. _____
3. _____

Medical School (Expected Graduate Date, Degrees expected)

Please provide the following information on additional sheet(s) of paper.

1. SNMA involvement
2. Non-SNMA Community Service
3. Leadership Activities
4. Honors and Awards
5. Research, publications, presentations
6. **How will you use your degree(s)/education to serve your community?** (500 words or less)

Application Deadline: March 1

Submit the completed application and materials to:

scholarships@snma.org (preferred)
(no inquiries to this address please)

OR

Student National Medical Association
Attn: Membership Committee (Scholarship)
5113 Georgia Avenue, N.W.
Washington, D.C. 20011