



2016-2017 Dr. Amanda Perez Scholarship

The "Dr. Amanda Perez" Scholarship was developed in 2008 to assist **high school and college freshman students** who are interested in pursuing a career in medicine. Personal qualities, financial need, academic and extracurricular achievement, and ability to attend the Annual LMSA West Regional Conference will be considered in the selection process. Dr. Amanda Perez is an alumna of LMSA-West at the Charles Drew University Chapter, where she served as Medical Student Representative. She later was in charge of the Scholarship Program when she served on the Executive Board for the Western Region. Award recipients will have the chance to meet Dr. Amanda Perez at the LMSA West conference.

ELIGIBILITY

- Must be committed to pursuing a career in medicine and dedicated to serving the Latino and underserved communities.
- Applicants should demonstrate a desire to advance the state of healthcare and education in Latino and underserved communities through leadership in extracurricular activities and/or membership in civic organizations.
- Must be High School Senior OR freshmen at 4-year university during the 2016-17 academic year.
- Must be able to attend the 33rd Annual LMSA West Regional Conference at UC San Francisco on **March 25th 2017**. (Cost of attendance will be fully reimbursed)
- Students are eligible to receive the scholarship regardless of immigration or citizenship status, as long as the university they attend will allow them to enroll and register for classes.
- Strong consideration will be placed upon financial need.
- Must be a resident or attending school within the LMSA-West region states (Arizona, California, Oregon, Utah, Washington)
- Must be a dues-paying pre-med member of LMSA-West.
- Winners must be available to be interviewed for the LMSA-West Newsletter.
- LMSA-West reserves the right to withdraw or withhold scholarship pending submission of necessary documents.

APPLICATION DEADLINE: **February 24th 2017 at 11:59PM PST. All application materials must ARRIVE by this date!**

It is the student's responsibility to submit a complete application and all supporting documents by the deadline, extensions will **not** be granted. Incomplete or late application materials will result in ineligibility. *Materials must be submitted via email should be attached in a single **Adobe Acrobat PDF format**.*

1. **COMPLETED APPLICATION:** Application must be typed and shall not exceed the space provided. Signature page must be submitted by e-mail. The page for extracurricular activities may be spaced differently to fit the applicant's activities but may not exceed ONE page. Resumes are not acceptable. The signature page *must ARRIVE via email by **February 24th 2017***.
2. **PERSONAL STATEMENT:** A required **one-page** personal statement (*single spaced, 12-pt. font*) describing your family and personal background, educational objectives, community involvement, financial need and how you would assist LMSA-West in its mission to provide healthcare to the Latino and underserved communities. The personal statement is one of the most important selection criteria and is equivalent to an interview. Please do not send any materials not requested.
3. **LETTER OF RECOMMENDATION:** Please submit *one* letter of recommendation addressed to the LMSA-West Scholarship Committee. The letter should comment on the following: your academic performance, academic and community achievements, personal qualities,

potential for future success, and contributions to the Latino community. This letter may be from a high school teacher. The letter MUST be on official letterhead and signed, and may be emailed directly by the recommender (as an attached file on letterhead). The letter must ARRIVE by stated deadline.

4. TRANSCRIPT(S): Submit full official transcript(s) from high school and colleges attended. Transcripts must be from the registrar's office and show a cumulative GPA and course work to date.
5. ENROLLMENT VERIFICATION: Please submit a letter from the registrar verifying enrollment at the institution you are currently attending in the 2016-17 academic year.
6. FINANCIAL AID INFORMATION: Please include a complete copy of your 2016-17 Student Aid Report (SAR) and Financial Aid Award Letter. If you did not apply or qualify for Financial Aid, please submit an additional statement of up to 200 words indicating your expected expenses for one academic year and an explanation of why you did not apply for Financial Aid and your need for this scholarship.

Application requests, questions, and other inquiries should be sent to the above address or emailed to VP_Scholarship@lmsa.net Please title your email: LMSA-WEST DR. AMANDA PEREZ SCHOLARSHIP.

Award amounts for scholarships are dependent upon funding raised annually. LMSA-West cannot make any guarantees about the amount to be awarded or the number of awards to be given. Determination of which scholarship to be awarded will be based on the information provided on the application and at the sole discretion of the selection committee. This award will also cover travel expenses and conference ticket to attend this year's Annual LMSA West Regional Conference. The travel expenses will be reimbursed retrospectively, on the condition that itemized receipts are submitted by email to the above address within two days of the conference date.

2016-2017 LMSA-WEST DR. AMANDA PEREZ SCHOLARSHIP APPLICATION FORM
APPLICATION MUST BE POSTMARKED BY February 24th, 2017. PLEASE TYPE ANSWERS INTO SPACE PROVIDED.

Personal Information

Name (Last, First): Social

Security number: Address,

City, State, Zip:

Email Address (required to verify application completion!):

School Telephone: ()

Permanent Telephone: ()

Birth Date:

Birth Place (City, State, Country)

High School Education

Name: __

Class: _____

City: __

State: __

Undergraduate and/or Post-Baccalaureate Education

College Name:

Dates Attended: __

Major:

GPA: __

Career Focus: __

Degree Expected:

Date: __

College Name:

Dates Attended: __

Major:

GPA: __

Degree and/or Career Focus: __

Class Standing (Check One):

4-Year College:

First Year

Others: NOT ELIGIBLE

FAMILY/PERSONAL FINANCIAL STATEMENT:

2016-2017 Academic Year Expenses (estimated)

Tuition \$ _
Books and supplies \$ _
Room and Board \$ _
Transportation \$ _
Other: \$ _
Total Cost of Education= \$ _

2016-2017 Academic Year Income (estimated)

2016-2017 Expected Student Salary \$ _
Scholarships/Fellowships \$
Federal Pell Grant \$
Student Loans \$
Other Grants \$
Total PROJECTED Income 2016-2017=\$ _

2015 (last year's) Annual Family Income:

Father's Gross Annual Income \$
Mother's Gross Annual Income \$ _
Applicant's Gross Annual Income \$ _
Spouse's Gross Annual Income \$
Savings/Investments \$ _
Total number in household _
Total number of dependents _
TOTAL 2015 GROSS INCOME= \$ _

Please explain if you do not qualify for financial aid or did not apply, you may also specify any extraordinary, unforeseen, or very unusual expenses. You may include up to 200 words on a separate sheet of paper. This should be separate from your personal statement.

Please include as much information about activities as possible (i.e., hours worked per week, dates of service, descriptions of activities, and your role). Do NOT exceed one page.

Community Service, Volunteer, Leadership, and Clinical Experience(s):

Employment and Work Experience(s):

Awards and Achievements:

Other:

IMPORTANT INFORMATION AND INSTRUCTIONS:

- Please make sure you have your full name and social security number on each document you submit.
- Falsification of information may result in termination of any scholarship granted.
- The number of applications received greatly exceeds the number of available scholarships. All decisions/notifications are final.
- Please DO NOT contact LMSA-West for application verification. Award recipients will be notified March 1st 2017.
- Please plan ahead and keep the date available in order to travel and attend the Annual LMSA West Regional Conference on March 25th 2017.

CERTIFICATION: Student must read and sign below to be eligible for consideration.

I have read and understand the scholarship eligibility criteria. All of the information provided is complete and accurate to the best of my knowledge. By signing below, I am certifying that I am a student with the honest intentions of entering a professional medical career and possess the heartfelt desire towards serving the Latino and other underserved communities with their healthcare needs.

I also certify that I will apply this award toward expenses related to my education at a four-year university. I authorize LMSA-West to share or publish my application information when necessary and give permission to share this information for the purpose of recruitment, public relations, or possible fund raising. Application materials will become the property of the LMSA-West Scholarship Committee and will not be returned.

Signature

Date __

This scholarship is run by LMSA-West, a non-profit student organization.

Please send completed and signed application with all necessary documentation **as early in the application period as possible**. Incomplete or late application materials will not be considered. **RECEIPT DEADLINE IS February 24th, 2017**. Email

to: VP_Scholarship@lmsa.net

You may submit this application with the following items via e-mail ONLY:

- 1) Personal Statement
- 2) Letter/Letters of Recommendation
- 3) Completed Application
- 4) Transcript(s) from all institutions attended
- 5) Signed Certification Page
- 6) Financial Aid Information
- 7) Enrollment verification letter from 4-year university

Application questions, and other inquiries should be sent to the above address or emailed to VP_Scholarship@lmsa.net Please title your email: LMSA-WEST DR. AMANDA PEREZ SCHOLARSHIP.

THANK YOU FOR APPLYING FOR THE DR. AMANDA PEREZ SCHOLARSHIP, LMSA-WEST WISHES YOU SUCCESS!