



The Vision and Voice of Women in Medicine

Pre-Medical Education Scholarship Application

Dear AMWA Pre-Medical Student Member:

AMWA understands that your journey in medicine begins before medical school, and that this journey can be expensive. Supporting your career path and ensuring your success is important to us which is why we are offering 2 (two) \$500 scholarships to women currently enrolled in undergraduate or post-baccalaureate pre-medical coursework who intend to pursue medical school. Awardees will be chosen based on the embodiment of the goals of AMWA. Financial need, though not a requirement, is also considered.

Applications are accepted Aug. 1-Sept. 30 and Dec. 15-Jan. 31. Please send completed applications, Curriculum Vitae (CV), and one letter of recommendation highlighting your intent to pursue medicine to premedawards@amwa-student.org.

Applicants will be notified of the panel's decision within 3 weeks of the application due date.

Throughout our 99-year history, AMWA has been dedicated to a dual mission: advancing women in medicine and promoting women's health. AMWA continues to recognize the contributions and accomplishments of outstanding women in medicine and to encourage the promising young medical professionals of tomorrow through our many awards, grants, and scholarship programs. We are proud to use our resources towards making a difference in the lives of women every day by providing grants to AMWA student branches, supporting physicians-in-training overseas and rewarding students for outstanding service and merit.

As you embark on your medical education, know that AMWA is there to support you not only with scholarship opportunities, but also with mentorship, leadership development, and more. We look forward to your success!

Cheers,

AMWA National Student Leadership



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Contact Information

Name	
Street Address	
City, State, Zip Code	
Phone Number	
Undergraduate or Post-Baccalaureate School, Current Year, Expected Date of Graduation	
E-Mail Address	

Pre-Medical Education Scholarship Essays

Please limit each essay to 300 words or less.

Personal Achievement

Tell us about a situation in which you demonstrated leadership.



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AMWA Involvement and Vision

What year did you join AMWA and what is your current involvement with AMWA? What do you know about the organization? What is your vision for AMWA?

Scholarship Recipients must be National AMWA members.

Intent to Pursue Medicine

Why have you chosen to pursue medicine?



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Other Circumstances

Do you have any unusual circumstances that you would like to share?

Financial Need

Expenses (Previous Year)		Resources (Previous Year)	
Tuition	\$	Total Income	\$
Cost of Living*	\$	Parental Assistance	\$
Additional Significant Expense	\$	Financial Aid / Scholarships	\$
Additional Significant Expense	\$	TOTAL Annual Resources	\$
Additional Significant Expense	\$	Average Annual Loans	\$
TOTAL Annual Expenses	\$	TOTAL Student Loan Debt	\$

*official estimate from your medical school's Office of Financial Aid

Discuss any relevant factors you would like us to consider with regards to your financial need.



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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate disqualification from scholarship eligibility.

Name	
Signature (electronic)	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in AMWA.



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Letter of Recommendation Form

Name of applicant:

Email address of applicant:

Name of Reference:

Email address of Reference:

Relationship to Student:

Please email the completed recommendation form to premedawards@amwa-student.org from August 1- September 30th OR December 15- January 31st at 11:59pm EST. **Applicant recommendation forms must be submitted from your reference's email address.** To learn more about AMWA, visit www.amwa-doc.org.

Please rate *the applicant* in the following areas by circling the appropriate number by each category.

***Rating Scale:* 1 = Poor 2 = Average 3 = Good 4 = Very Good 5 = Excellent DK= Do not know**

* Leadership skills	1	2	3	4	5	DK
* Communication skills	1	2	3	4	5	DK
* Flexibility and adaptability	1	2	3	4	5	DK
* Ability to work in a group setting	1	2	3	4	5	DK
* Maturity level	1	2	3	4	5	DK
* Respect for others	1	2	3	4	5	DK
* Enthusiasm for learning	1	2	3	4	5	DK
* Creativity	1	2	3	4	5	DK



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Letter of Recommendation Form

Additional comments about the character and qualifications of the applicant as well as the applicant's intent to pursue medicine:

Reference Signature _____

Completed recommendation forms must be submitted to premedawards@amwa-student.org **August 1- September 30th, OR December 15-January 31st** at 11:59pm PST to ensure applicant eligibility.