



Over a Century of
Service & Commitment

"ADVOCATES FOR PATIENTS, PHYSICIANS
AND HIGH QUALITY MEDICAL CARE"

MEDICAL CAREER SCHOLARSHIP APPLICATION

PURPOSE:

The purpose of this scholarship is to assist students entering the medical field (**exceptions noted below) who reside in Ventura County, California.

The Ventura County Medical Association Alliance is a non-profit organization which seeks to promote projects of health education in the field of medicine.

ELIGIBILITY:

___ **Resident** of Ventura County, California

___ **Acceptance** into medical* program: school may be technical, 2 years, 4 years or graduate.
*** Dental, chiropractic, podiatrist, optometric & psychology programs are not eligible.*

___ **Enclose** one page typewritten autobiography, to include personal goals, education and career goals, achievements, employment and children (if any).

___ **Enclose** two letters of recommendation from persons who can speak about your character & motivation in your chosen medical career. One must be from a current faculty/instructor.

___ **Attach** copy of most recent transcript of school grades

___ **Attach** copy of most recent tax return

___ **Submit** all of the above with completed application form

SUBMISSION DEADLINE:

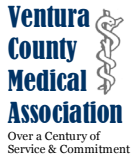
July 1, 2009

Typical Awards are between \$250 - \$750
depending on program type, academic achievement and financial need.

QUESTIONS? PLEASE CALL THE VCMA OFFICE:

805-484-6822

ADMINISTRATIVE OFFICE



**MEDICAL CAREER SCHOLARSHIP
APPLICATION FORM**

for students from Ventura County, California

Applicant Info:

Full Name: _____

Permanent Address:

Phone: _____

Cell phone: _____

E-mail address: _____

Birthdate: _____ **Place:** _____

Currently residing at: _____
(mailing address, if different from permanent address)

Annual income for past full year \$ _____ (from your own or parents tax return if a dependant), **and comment on what changes in income or expenses you anticipate for this coming year (if any):**

List personal resources, loans, grants & scholarships that you are receiving (source and amount):

1. _____ 2. _____
3. _____ 4. _____

List Major educational & Living expenses:

1. _____ 2. _____
3. _____ 4. _____

Program Info:

Health Career* _____
** Attach copy of acceptance letter*

Length of Program: _____

School: Name & Address:

Beginning date: _____

Anticipated date of graduation: _____

***GPA** _____ **SAT** _____ **MCAT** _____
** Attach most recent transcript*

MAIL COMPLETED APPLICATION AND ALL ENCLOSURES TO:

**VCMA MEDICAL CAREER SCHOLARSHIP
601 E. DAILY DRIVE #129
CAMARILLO, CA 93010**

SUBMISSION DEADLINE: July 1, 2009

